



**APPLICATION FOR
INTERPRETATION OF ZONING
DISTRICT BOUNDARY
(Section 4.2B)
PLANNING DEPARTMENT
700 FOX TRAIL
OPELIKA, AL 36801**



DATE:	Zoning Board of Adjustment Meeting Date:
Case Number:	Meeting Deadline:

PART I. OWNER / APPLICANT INFORMATION

_____	_____	_____
<i>Owner Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
<i>Agent Name (if applicable)</i>	<i>Address</i>	<i>Phone</i>

PART II. PARCEL INFORMATION

Street Address: _____

Current Zoning: _____

Current Land Use: _____

PART III. Provide a Brief Description and Reason for the Zoning District Boundary

Interpretation (attach a site plan or zoning map) _____

Signature _____ Date _____