

ZONING BOARD OF ADJUSTMENT

1. You have requested a variance, special exception or interpretation of the Northport Comprehensive Zoning Ordinance. The Northport Zoning Board of Adjustment has the full authority to rule on cases such as this after a public hearing.
2. The Board of Adjustment meets in the City Hall, 3500 McFarland Boulevard. The Board convenes in the Council Chamber at 6:00 p.m. on the Third Thursday of each month.
3. You or your agent must be present at the meeting to explain your request and answer questions.
4. No later than the closing of business hours four (4) weeks prior to the meeting, the following must be on file in the Planning Department.
 - a. A Board of Adjustment form properly filled out and signed.
 - b. The names and mailing addresses of all adjoining property owners as obtained from the Tax Assessor on the first floor of the County Courthouse. Adjoining owners include owners on all sides of the property in question and also the property across streets, creeks, power line right-of-ways, etc.
 - c. A filing fee of \$75.00 plus Certified Mailing fees per adjoining property owner and advertising fees.
 - d. A small drawing (8x11) of the lot in question with dimensions; existing and proposed new construction with dimensions; distance to the property line of all structures, and other concerns which may be applicable to your case such as existing and proposed parking spaces, heights, access roads, etc. The drawing need not be professionally prepared but must be legible and accurate.
5. All written material submitted shall be typed or legibly printed.
6. A decision of the Zoning Board of Adjustment is final and can be overturned only by the Circuit Court. Appeals to courts must be within fifteen (15) days after a final decision of the Board of Adjustment.

PETITION TO THE NORTHPORT
ZONING BOARD OF ADJUSTMENT

(Appeal of Administrative Decision)

Cal. No. _____ Hearing Date _____

Filed _____

Petitioner and Owner the Same ____ Yes ____ No

Petitioner Name _____ Address _____
Phone No. _____

Property Owner _____ Address _____
Phone No. _____

Premises Affected _____
(Street Address)

Lot No. _____ in _____
(Subdivision)

Existing Building(s) _____

Proposed Construction _____

Describe the nature of the appeal request _____

Describe the special conditions pertaining to your property (or to your case) which sets your case apart from others in the same zoning district. _____

Describe how your appeal (if granted) would impact upon neighboring properties or would be contrary to the public interest. _____

I (we) certify that to the best of my (our) knowledge the foregoing facts are true and correct.

Owner Signature

Date

Petitioner Signature

Date

All requests must be accompanied by a drawing showing: lot and building dimensions, present zoning, proposed construction plans, and the name and address of all adjoining property owners as shown on current tax assessments.

A fee is required by the City to defray the costs of investigation and advertising.

Evidence of petitioner's interest in the property must be attached to the petition if different from owner.

**DESIGNATION OF AGENT
CITY OF NORTHPORT
PLANNING AND ZONING DEPARTMENT**

I, _____, being the owner of the property which is the subject of this application (_____
Name of proposed subdivision, address, or Tax Parcel ID
_____) hereby authorize _____ to act as my representative with the City of Northport's Zoning Board of Adjustment, and/or Planning and Zoning Commission as required by the type of request listed hereon.

Such representation shall be for all purposes concerning any matter, right or obligation relating to this petition. This designation authorizes my agent to make verbal or written representations and/or declarations on my behalf and I shall be legally bound by said verbal or written representations and/or declarations relating to this petition.

The petitioner understands and acknowledges that the City will rely upon the agent's representations in approval or denial of said petition.

Property Owner's Signature

Date

STATE OF ALABAMA *
 *
COUNTY OF TUSCALOOSA *

I, the undersigned authority, a Notary Public in and for said County, in said State, hereby certify that _____, whose name is signed to the foregoing instrument and who is known to me, acknowledged before me on this day, being informed of the contents of the instrument, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal this the _____ day of _____, 200__.

SEAL

NOTARY PUBLIC
My Commission Expires: _____