

APPLICATION FOR WAIVER REQUEST

CITY OF WETUMPKA
P.O. BOX 1180
Wetumpka, AL 36092
(334) 567-1313 ~ Fax: (334) 567-1307

Applicant Name: _____	Project Name: _____
Mailing Address: _____ _____	Site Address: _____
Email Address: _____	Phone Number: _____
	Fax Number: _____

General Location: _____

Gross Area of Subject Property: _____ Number of Individual Units: _____

Current Use: _____ Current Zoning District: _____

Proposed Use: _____

Type of Waiver(s) Requested:

Is site plan approval contingent on any other official action by the City? Yes No If yes, please specify:
 Annexation Subdivision plat approval
 Rezoning Other: _____

Required Documents Attached:
 Deed Authorization to Act as Applicant One full-size Copy Reduction

I, the applicant, certify that all of the above facts are true and correct to the best of my knowledge. I understand that any development approval(s) granted pursuant to this application shall be subject to all applicable regulations of the City of Wetumpka, and that such approval(s) shall expire unless a request for final plat approval is submitted within 24 months.

Applicant's Signature: _____	Date: _____
Applicant's Name (Please print): _____	

Received By: _____ Date: _____