



# City of Bay Minette

## Land Use Application - Commercial

301 D'Olive Street · Bay Minette, Alabama 36507

Phone (251) 580-1650 · COBM\_Planning@cityofbayminetteal.gov

### OFFICE USE ONLY

Received: \_\_\_\_\_

Completed: \_\_\_\_\_

Decision: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Are you the owner?  Yes  No \*If you are not the owner, you will need an Agent Authorization Form or Lease Agreement signed by the owner.

Mailing Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

### Property Information

Physical Address: \_\_\_\_\_

Tax Parcel/PPIN No.: \_\_\_\_\_

Current Building Use: \_\_\_\_\_

New Business Name: \_\_\_\_\_

Business Description (be as detailed as possible): \_\_\_\_\_

\_\_\_\_\_

Will you be operating from a temporary office:  Yes  No – If yes, indicate installation/removal dates: \_\_\_\_\_

Proposed Renovations: \_\_\_\_\_

\_\_\_\_\_

Floor Area: \_\_\_\_\_ Sq Feet #Parking Spaces: \_\_\_\_\_ Days/Hours of Operation: \_\_\_\_\_

Current Structure Value: \_\_\_\_\_ Proposed Renovation Cost: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Plans for Signage: \_\_\_\_\_

OPTIONAL:  Veteran Owned  Minority Owned  Female Owned  Other: \_\_\_\_\_

I/We certify that the information stated on and submitted with this application is true and correct. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material fact or expression of material fact, either with or without intention on the part of this applicant, such as might, or would, operate to cause a refusal of this application, or any material alteration or change in the accompanying plans, specifications or structure made subsequent to the issuance of a Land Use in accordance with this application, without the approval of the City Planner, shall constitute sufficient grounds for the revocation of such permit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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Version 1.7 – 5/24/2023

LU - \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_  Cash  CC  Check #: \_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_ FEMA Flood Zoning: \_\_\_\_\_ Potential Wetlands:  Yes  No

Address Verified:  Yes  Correction/Assignment needed - Address Assigned: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_