



**VARIANCE PETITION**  
**CITY OF PELL CITY**  
**PLANNING & ZONING DEPARTMENT**  
1905 First Avenue North, Pell City, AL 35125  
(205) 338-2244  
[inspections@cityofpellcity.net](mailto:inspections@cityofpellcity.net)

**DEADLINE FOR SUBMITTAL**  
\_\_\_\_\_  
**BZA MEETING DATE**  
\_\_\_\_\_  
**CASE NUMBER**  
\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
**Mailing Address if different from Property:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Cell Number:** \_\_\_\_\_ **Alt. Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

**PROPERTY INFORMATION**

**Address:** \_\_\_\_\_  
**Zoning:** \_\_\_\_\_  
**Current Use:** \_\_\_\_\_  
**Future Use:** \_\_\_\_\_ **Acreage:** \_\_\_\_\_  
**Nature of the Hardship:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of Relief requested by Petitioner:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS:**

1. Copy of the property deed including the County Probate map book, volume, and page number.
2. Copy of the legal description and the size of the property, the approximate land area. If the property is a large tract, an acreage size is appropriate. If the property is a small tract, square footage is appropriate.
3. Parcel Number, this information can be obtained from the County Tax Assessor or the City of Pell City.
4. Sign the petition just like the information appears on your deed. For example, if the deed includes John & Nancy Doe, both signatures are necessary on the petition.
5. A list of adjoining and adjacent property owners, for notification of the meeting.

**FEES:**

**Clerical Fee:** \$35.00      **Postage Fee:** \$8.53 per Certified Letter

I hereby certify and attest that, to the best of my knowledge and abilities, the information provided in this petition is true and accurate. Further, I agree to provide any additional information within my powers that may be required by the Enforcement Officer or the Board of Adjustments to determine the need for a variance.

**Applicants Name (Printed):** \_\_\_\_\_  
**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Received by:** \_\_\_\_\_ **Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY BOARD OF ZONING ADJUSTMENT**

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**Comments / Stipulations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Chairman's Signature**

\_\_\_\_\_  
**Date**