CITY OF GOOD HOPE Zoning Board of Adjustments

REQUEST FOR RULING / VARIANCE / USE UPON APPEAL / RE-ZONE \$100.00 Fee Required

Property Address:		Zoning District:
		Site/Lot Size:
APPLICANT:	Name:	
	Address:	· April.
	Phone:	
NO	OTICE OF REQUEST I	FOR PUBLIC HEARING
To: The Zoning	Board of Adjustments of	the City of Good Hope
	uest a hearing for a ruling bed reasons herewith,	concerning the property address listed
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<u> </u>		
Signature of Applica	ant	
Date:		
		-

The entire Zoning Ordinance is on our website at www.goodhopeal.com. Feel free to call City Hall if you have any questions at (256)739-3757, email: clerk@goodhopeal.com, mayor@goodhopeal.com or by fax (256)739-5340.

City of Good Hope 134 Town Hall Drive Cullman, AL 35057 (256)739-3757