

**CITY OF GOOD HOPE
PLANNING COMMISSION**

**RE-ZONE
\$100.00 Fee Required**

Property Address: _____

Zoning District: _____

Site/Lot Size: _____

APPLICANT: Name: _____

Address: _____

Phone: _____

NOTICE OF REQUEST FOR PUBLIC HEARING

To: The Planning Commission of the City of Good Hope

I hereby request a hearing to re-zone the property address listed above for the described reasons herewith,

Signature of Applicant

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.