



City of Bay Minette

Land Use Application - Commercial

301 D'Olive Street · Bay Minette, Alabama 36507

Phone (251) 580-1650 · COBM_Planning@ci.bay-minette.al.us

OFFICE USE ONLY

LU- _____

Fee Total: \$ _____

**Fee Schedule- \$50.00 per 1,000 sq. ft floor area or fraction thereof / Maximum fee of \$1,000 per structure*

Paid: Cash Credit Card

Check - No.: _____

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)*: _____

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: _____

Version 1.5 - 7/11/2022 **Office Use Only** Approved Approved w/ Conditions Denied

Zoning: _____ FEMA Flood Zoning: _____ Potential Wetlands: Yes No

Address Verified: Yes Correction/Assignment needed - Address Assigned: _____

Public Works Review: _____

Planning Review: _____ Date: _____

Comments: _____