



**City of Headland
Rezone Requests**

Dept. of Planning and Development
334-785-5612
permits@headlandalabama.org

Date Submitted _____

Applicants Name _____

Contact Number _____

Email Address _____

Current Mailing Address _____

Address of Property Requesting to Rezone _____

Current Zoning _____

Requested Zoning _____

Intended Use _____

Date of Rezone Meeting with Planning Commission _____

Date of Rezone Meeting with Council _____

Sign Needs to be up by _____

\$300 Fee Paid _____

Signature of Applicant

Signature of Zoning Official