



APPLICATION FOR SPECIAL EXCEPTION

Department of Planning & Development
P.O. Box 2128 Dothan, Alabama 36302-2128
334-615-4410 – Office; 334-615-4419 – Facsimile

MEETING DATE: _____ APPLICATION DEADLINE: _____

APPLICANT NAME: _____ CONTACT PHONE: _____

MAILING ADDRESS: _____
Street City/State/ ZIP

PROPERTY ADDRESS: _____ (if different from above)

NAME AND ADDRESS OF PROPERTY OWNER IF OTHER THAN APPLICANT:
(if you are not the property owner, a letter of approval from property owner is required)

SPECIAL EXCEPTION REQUESTED: Home Occupation - Day Care Home - Legally Non-Conforming Use
Other: _____

DESCRIBE REQUEST: _____

Attach the names and mailing addresses for all adjacent property owners on each side, behind, and in front of your property, including vacant or rental property, as recorded at the REVENUE COMMISSIONER'S OFFICE AT THE HOUSTON COUNTY ADMINISTRATIVE BUILDING, 462 NORTH OATES STREET, 5TH FLOOR. If on a corner, include all three corners in addition to property on each side of your property. * The Fire Marshal must inspect the structure for compliance with Life Safety Codes if you are applying for a Day Care Home. Please contact him at 615-4521 to schedule an inspection of the property in order to receive written approval before the meeting date.

****BY SIGNING THIS APPLICATION, THE APPLICANT swears or affirms that the representations made on this application or testimony subsequently given to this Board are true and correct to the best of their knowledge and that they agree to abide by the conditions stipulated in the approval granted by this Board if it is so given under penalty of the invalidation of any judgment by this Board in their favor and/or the invalidation by the City of Dothan Commission of any Privilege License received as a result of that favorable judgment.***

Applicant Name

Applicant Signature

<u>Office Use Only:</u>	
_____ Receipt Number	_____ Date of Receipt
_____ Zoning District	_____ Case Number
_____ Case Manager	