

101 W. Wlygul Street  
Fulton, MS 38843

**CITY OF FULTON, MISSISSIPPI**  
**ZONING APPLICATION**

Phone: (662) 862-4929  
[cityclerk@fultonms.org](mailto:cityclerk@fultonms.org)

ACTION REQUESTED		REFERENCES
<input type="checkbox"/>	Request for Annexation	1. Chapter 1 - Zoning, Planning and Subdivision Regulation Title 17 - Local Government; Provisions Common to Counties and Municipalities, Mississippi Code of 1972, Annotated
<input type="checkbox"/>	Request for Rezoning (\$500)	2. Local Comprehensive Plan
<input type="checkbox"/>	Request for Special Exception (\$325)	3. Local Zoning Ordinance
<input type="checkbox"/>	Request a Variance (\$75)	
REQUIRED INFORMATION: (PLEASE PRINT)		
Applicant/Owner Name:		
Applicant Mailing Address:	Applicant E-Mail:	
Applicant/Owner Phone Number:	Applicant/Owner Fax Number:	
Address or Location of Subject Property:		
Current Zoning of Subject Property:	Size of Subject Property:	(Acres)
Subject Property Address/Parcel Number:		Submittal Date:

Notice to Applicant:

The burden of proof that the required criteria are met, based on the above references, is placed upon the Applicant. Based on the required criteria, I, the applicant, submit this application for the following purpose:

*\*By my signature I hereby certify that all statements herein and attached hereto are true and correct to the best of my knowledge and understanding.*

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**Applicant/Owner Signature:**

**FOR OFFICE USE ONLY**

File Number:

**Application Accepted by:**

### Decision:

Date of Hearing: / /