



Planning and Zoning Department  
Maranda Nolen, Director  
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mnolen@cityofspringville.com

Please use this form to request packets from my office for the following:

- Rezoning
- Resurvey
- Variance
- Special Exception
- Master Plan/Preliminary/Final Plat

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Request:

- Rezoning
- Resurvey
- Variance
- Special Exception
- Master Plan/Preliminary/Final Plat

Please submit completed form to [mnolen@cityofspringville.com](mailto:mnolen@cityofspringville.com). Please allow 2-3 business days for a response. Thank you!