

REZONING REQUEST APPLICATION

APPLICATION IS HEREBY MADE PURSUANT TO 8.0090 OF THE DICKSON COUNTY ZONING RESOLUTION, TO AMEND THE OFFICIAL MAP OF DICKSON COUNTY, TENNESSEE

THIS APPLICATION IS MADE BY _____ WHO ARE THE OWNER(S) OF THE LAND FOR WHICH A ZONING CHANGE IS REQUESTED.

APPLICANT(S) REPRESENT THEMSELVES AND NO OTHER PERSON(S), FIRM, CORPORATION OR POLITICAL SUBDIVISION. THE MAILING ADDRESS OF THE APPLICANT IS AS FOLLOWS: _____

THE ADDRESS OF THE PROPERTY PROPOSED TO BE REZONED IS _____ MAP _____, PARCEL _____ PROPOSED ZONING CHANGE FROM _____ TO _____ SIZE OF PROPERTY TO BE REZONED _____

A SITE PLAN OF THE PROPERTY IS ATTACHED YES _____ NO _____

IS THE REQUEST CONSISTENT WITH THE GROWTH PLAN FOR DICKSON COUNTY? YES _____ NO _____

REASON FOR PROPOSED CHANGE _____

DATED THIS _____ DAY OF _____, 20 _____

IT IS THE RESPONSIBILITY OF THE APPLICANT OF THEIR REPRESENTATIVE TO ATTEND ANY AND ALL MEETINGS CONCERNING THIS APPLICATION.
SIGNATURE OF APPLICANT _____

PLANNING COMMISSION _____ AT _____ P.M.
COUNTY COMMISSION:
PUBLIC HEARING _____ AT _____ P.M.
FINAL READING _____ AT _____ P.M.

DISTRICT _____
PLANNING COMMISSION REPRESENTATIVE _____
COUNTY COMMISSION REPRESENTATIVE _____