

APPLICATION FOR REZONE REQUEST

FEE: \$150

APPLICANT MUST BE CURRENT PROPERTY OWNER.

A copy of the tax card, a copy of the recorded deed and a copy of the current tax map or survey of subject property must be attached.

Date of Application _____
 Property Address/Location _____
 Property Owner's Name _____
 Property Owner's Address _____
 City _____ State _____ Zip _____
 Phone _____ Cell _____ E-mail _____
 Additional Owner's Name _____
 (If applicable) Phone _____ Cell _____ E-mail _____

Pursuant to the ZONING ORDINANCE of the TOWN OF KINGSTON SPRINGS, TENNESSEE, Section 7.090, Article VII, application is made to the municipality to re-zone the following real property known as:

PROPERTY 911 ADDRESS _____
 Kingston Springs, Tennessee 37082

MAP _____ GRP _____ PARCEL _____

Property is currently zoned _____ on the official Zoning Map of the Town of Kingston Springs, which is a part of the municipality's zoning ordinance.

Request to change current zone to : _____

Detailed reason by applicant for reclassification: _____

All of which applicant believes is in conformity with the comprehensive plan and is not detrimental to the general welfare of the community.

This application must be **fully completed**, signed, accompanied by the \$150.00 administrative fee and submitted not later than 4 weeks prior to the next scheduled Kingston Springs Regional Planning Commission meeting.

Applicant understands the request is submitted first to the Planning Commission for recommendation to the Board of Commissioners. A rezoning request to the Board of Commissioners must pass two readings, preceded by a public hearing advertised at least fifteen (15) days prior to the public hearing date.

Further, applicant states no denial to reclassify the property has been made within one (1) year from date of application. Applicant grants permission for placement of signing upon property sought to be reclassified to advertise public hearing.

SIGNATURE(S) of Applicant/Property Owner(s) _____
