

CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

APPLICATION FOR ZONE CHANGE

DATE RECEIVED: _____ CASE NUMBER: _____ GROWTH PLAN AREA: _____

FEE PAID: _____ PAYMENT TYPE: CHECK _____ RECEIPT NUMBER: _____

CASH _____

(for office use only)

1. Name and address of owner(s) of the subject property:

Telephone: _____

2. Name and address of authorized agent: (Attach written authorization statement)

Telephone: _____

3. Tax Map and Parcel Number: _____ (portion thereof) circle, if applies.

a. Deed and survey or legal description submitted (circle the one submitted): yes _____ no _____

4. Acreage to be rezoned: _____;

a. Or description of property to be rezoned: _____
_____.

5. Present zoning classification(s): _____

Proposed zoning classification(s): _____

6. Written justification for requesting zone change with indication of how subject property is to be used:

_____.

Applicant's signature: _____

Agent's signature: _____

Agent letter submitted: yes _____ no _____

