

CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

APPLICATION FOR ZONE CHANGE

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

FEE PAID: _____ PAYMENT TYPE: CHECK _____ CASH _____

RECEIPT NUMBER: _____

(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 _____

NOTE: No action shall be initiated for a zoning amendment affecting the same parcel of land more often than once every twelve (12) months.

SUPPORTING DOCUMENTS NEEDED FOR THE REZONING APPLICATION

- () **FILING FEE - See "Fee Schedule" on RPC Home Page for correct fee**
- () **COPY OF SURVEY FOR PROPERTY TO BE REZONED, OR;**
- () **COPY OF CURRENT DEED FOR PROPERTY TO BE REZONED, OR;**
- () **COPY OF LEGAL DESCRIPTION FOR PROPERTY TO BE REZONED**
- () **WRITTEN STATEMENT SIGNED BY THE PROPERTY OWNER AUTHORIZING A REPRESENTATIVE TO PETITION FOR A ZONING CHANGE OF THE OWNER'S PROPERTY**
- () **FILING DEADLINE FOR ZONING CASES IS THE LAST MONDAY OF EACH MONTH FOR CASES TO BE HEARD AT THE FOLLOWING MONTH'S PLANNING COMMISSION MEETING.**

****NOTE:**

THE PLANNING COMMISSION, CITY COUNCIL AND THE COUNTY COMMISSION HAVE ESTABLISHED DEADLINES FOR AN APPLICANT'S REQUEST FOR DEFERRAL OF ZONING CASES. TO OBTAIN THESE DEADLINES, PLEASE CONTACT THE PLANNING COMMISSION OFFICE.