

**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**
  - a. AG to Single Family Residential Zone District      \$347.30
  - b. Others to include: multi family, office, commercial,  
PUD, industrial, etc.      \$578.80
- ( ) **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.**

## **TRAFFIC ASSESSMENT/STUDY POLICY FOR REZONING APPLICATIONS**

A Traffic Assessment shall be required for all rezoning applications if such rezoning request is equal to or exceeds the minimum acreage for the following zone districts, as listed below. The Regional Planning Commission Office/City Street Department may request a Traffic Assessment to be submitted regardless of the minimum acreage/unit requirement, due to location of the site to be rezoned.

Traffic Studies may be required if determined by the City Street Department/Regional Planning Commission Office they are needed at the time of zoning application. Additional studies may be required at the development phase (preliminary plat/site plan).

Refer to the City of Clarksville Traffic Study Guidelines for additional information. The Regional Planning Commission and/or the City Street Department may waive the requirement of a Traffic Assessment.

<b><u>ZONE DISTRICT BEING REQUESTED</u></b>	<b><u>MINIMUM ACREAGE OR UNITS</u></b>
AG	NO REQUIREMENT
E-1/EM-1	210 ACRE
E-1A/EM-1A	105 ACRE
R-1/RM-1	70 ACRE
R-1A/RM-2	60 ACRE
R-2	42 ACRE
R-2D	13 ACRE OR 150 UNITS
R-3	13 ACRE OR 150 UNITS
R-4	13 ACRE OR 150 UNITS
PUD	5 ACRE OR 150 UNITS
MLUD	1 ACRE
O-1	3 ACRES
OP	3 ACRES
C-1	NO REQUIREMENT
C-2	1 ACRE
C-3	1 ACRE
C-4	ANY REQUEST
C-5	1 ACRE
M-1	20 ACRES
M-2	50 ACRES