



# CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

## APPLICATION FOR ZONE CHANGE

(for office use only)

DATE RECEIVED: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

GROWTH PLAN AREA: \_\_\_\_\_

FEE AMOUNT PAID: \$ \_\_\_\_\_

METHOD OF PAYMENT:

CASH  CREDIT/DEBIT  CHECK#: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Tax Map(s) \_\_\_\_\_ Parcel Number(s): \_\_\_\_\_ (portion of)

\_\_\_\_\_ (portion of)

\_\_\_\_\_ (portion of)

5. Acreage to be rezoned: \_\_\_\_\_

6. Present zoning classification(s): \_\_\_\_\_ Proposed zoning classification(s): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Agent's signature:

\_\_\_\_\_

Agent Authorization 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,**

**COPY OF CURRENT DEED FOR PROPERTY TO BE REZONED,**

**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 -See Calendar on RPC Home Page for deadline date**

### **\*\*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.**