



CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

APPLICATION FOR ZONE CHANGE

(for office use only)

DATE RECIEVED: _____

CASE NUMBER: _____

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.