

APPLICATION FOR ZONE CHANGE

**EFFECTIVE JULY 1, 2009
ENGINEER FEES CHARGED TO APPLICANTS**

ANY REVIEW OF SUBDIVISION, PLATS, CONSTRUCTION PLANS, F.E.M.A. REVIEWS ETC., WILL BE THE RESPONSIBILITY OF THE PROPERTY OWNER REQUESTING THE REVIEW AND ALL FEES WILL BE COLLECTED AT TIME OF APPROVAL PER **RESOLUTION 3** ADOPTED 12-19-2005.

CHEATHAM COUNTY BUILDING COMMISSION

NAME & ADDRESS OF PROPERTY OWNERS

DATE RECEIVED: _____

TELE: _____

FAX: _____

****APPLICANT &/OR AUTHORIZED AGENT IS REQUIRED TO ATTEND MEETING.**

NAME & ADDRESS OF AUTHORIZED AGENT

TELE: _____

FAX: _____

ROAD NAME: _____ ZONE _____

Map _____ Parcel _____ Acreage _____

LOCATION & SIZE OF WATERLINE AND/OR FIRE HYDRANT: _____

IS THE PROPERTY IN THE CHEATHAM COUNTY GROWTH PLAN? _____

CURRENT ZONING _____ PROPOSED ZONING _____

REASON FOR REQUEST: _____

NAMES & ADDRESSES OF ALL ADJOINING (INCLUDING ACROSS THE ROAD) ADJOINING
PROPERTY OWNERS: _____

TO MY KNOWLEDGE, INFORMATION AND BELIEF, THE ABOVE INFORMATION IS CORRECT (FALSE STATEMENT
HEREIN MAY BE GROUNDS FOR DISMISSAL AND/OR DEFERRAL OF THIS APPLICATION).

APPLICANTS SIGNATURE