

## **ZONING REVIEW APPLICATION**

DATE RECEIVED	APPLICANT INTERVIEW DATE
INSTRUCTIONS: PLEASE TY	PE OR PRINT (IN INK) ALL REQUESTED DATA
PROPERTY OWNER:	PHONE:
ADDRESS:	
PROPERTY ADDRESS:	
MAP #	
PROPERTY ZONING:	FLOOD ZONE:
APPLICANT:	PHONE:
ADDRESS:	
DESCRIPTION OF EXISTING sheet if needed)	USE AND SITE: (Include as much detail as possible. Use a separate

a separate sheet if nee		ND USE: (Include as much detail as possible. Use
STATEMENT D	ANT IS NOT THE PROPERTY ESIGNATING A LEGALLY AU CATION APPROVAL OR ISSU	THORIZED AGENT IS REQUIRED
SIGNATURE:		DATE:
OWNER	AUTHORIZED REPRESE	NTATIVE

This Zoning Review Application is for the purpose of reviewing proposed projects and uses for compliance with Zoning Regulations. Based on a review of this application, additional materials may be required. Also, this review may indicate the need for application to the Planning Commission, Board of Zoning Appeals, or the County Commission.

## Please return the completed form to:

Cheatham County Building Commission 111 Frey St. Ashland City, Tennessee 37015 Phone 615-792-7915 Fax: 615-792-2040 franklin.wilkinson@cheathamcountytn.gov