

**BOARD OF ZONING APPEALS APPLICATION**

**The Cheatham County Department of Codes, Building Safety, and Land Use**  
338 Frey St. / Ashland City, TN 37015 / (615) 792-7915 / Fax (615) 792-2040  
[codes@cheathamcountyttn.gov](mailto:codes@cheathamcountyttn.gov)

**Engineering Fees Charged to Applicants**

**Any review of subdivision, plats, construction plans, FEMA reviews, etc., will be the responsibility of the property owner requesting the review and all fees will be collected at the time of approval.**

**There will be a \$5.00 ARCHIVE FEE charged for all applications**

**Board of Zoning Appeals Application Fee is \$120.00 plus the cost of certified letter notification to all adjoining property owners including directly across the street. The applicant shall also be responsible for obtaining a notification sign from the Planning Office and placing it on the property fifteen (15) days prior to the hearing by the Board of Appeals.**

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

**APPLICATION FOR: (CHECK ONE OR MORE BELOW)**

VARIANCE\*: \_\_\_\_\_ SPECIAL EXCEPTION\*: \_\_\_\_\_ APPEAL BLDG. COMM. DECISION\*: \_\_\_\_\_

TEMPORARY USE PERMIT\* \_\_\_\_\_ INCIDENTAL HOME OCCUPATION\* \_\_\_\_\_

CONDITIONAL USE \* \_\_\_\_\_ ADMINISTRATIVE REVIEW\* \_\_\_\_\_

**FOR:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

\*NOTE: IN THE SPACES ABOVE CITE THE SPECIFIC SECTIONS OF THE ZONING RESOLUTION THAT SUPPORT YOUR REQUEST(S). REQUESTS FOR VARIANCE, SPECIAL EXCEPTION, OR APPEAL OF BUILDING COMMISSIONERS DECISION ARE FOUND IN ARTICLAE IX, SECTIONS 9.060 THROUGH 9.080.

**NAME AND ADDRESS OF OWNERS OF SUBJECT PROPERTY\*\*:**

\_\_\_\_\_  
\_\_\_\_\_  
**TELE:** \_\_\_\_\_

\_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**\*\*APPLICANT OR AUTHORIZED AGENT IS REQUIRED TO ATTEND MEETING\*\***

**ADDRESS OF SUBJECT PROPERTY:** \_\_\_\_\_

**DESCRIPTION OF SUBJECT PROPERTY: ZONING:** \_\_\_\_\_ **IN GROWTH PLAN :** \_\_\_\_\_

MAP # \_\_\_\_\_ PARCEL # \_\_\_\_\_ NAME OF SUBDIVISION \_\_\_\_\_

LOT # \_\_\_\_\_ ACREAGE: \_\_\_\_\_ ROAD NAME: \_\_\_\_\_

SPECIAL HAZARD FLOOD AREA: \_\_\_\_\_ VOTING DISTRICT: \_\_\_\_\_

NAME AND ADDRESS OF ALL ADJOINING PROPERTY OWNERS:

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

I HEREBY CERTIFY THAT I HAVE READ, COMPLETED, AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS REQUEST SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS REQUEST SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF AN APPEAL DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FERDERAL LAW REGULATING ZONING.

APPLICANT SIGNATURES: \_\_\_\_\_

\_\_\_\_\_

APPLICATION REVIEW DECISION\*\*\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

NOTICE TO APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

FEES COLLECTED : \_\_\_\_\_ AGENDA DATE: \_\_\_\_\_

PUBLICATION DATE: \_\_\_\_\_ NOTICE TO BOARD: \_\_\_\_\_

\*\*NOTE: REVIEW OF APPEAL APPLICATION AND NOTICE TO APPLICANT MUST BE COMPLETED WITHIN 10 DAYS OF RECEIPT OF APPLICATION.

BOARD OF ZONING DECISION\*\*\*\*:

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