



# SUMNER COUNTY REGIONAL PLANNING COMMISSION

355 North Belvedere Drive, Gallatin, Tennessee 37066

OFFICE (615)451-6097 FAX (615)451-6074

## REZONING APPLICATION

Applicant's Name

Applicant's Mailing Address

City

State

Zip

Phone Number

Fax Number

Email

*The applicant is responsible for notifying the Planning Department if any contact information has changed.*

### PLEASE COMPLETE THE FOLLOWING PROPERTY INFORMATION:

Property Owner (If different from Applicant)

Legal Status of Property (Under Contract, Option, Fee Simple Etc)

Property Address

City

State

Zip

Tennessee

Tax Map

Group

Parcel

Size of Parcel

Deed Book

Page

Present Zoning of Property

Zoning Designation Requested

Present Use of Property

Do you wish to rezone the entire parcel?  YES  NO

If No, how much of the property do you wish to rezone?

*NOTE: If you wish to rezone less than the entire parcel, a legal description will be required along with this application. If the rezoning is approved, a subdivision plat will be required prior to being able to use the property under the new zone.*

Please contact the county commissioners where the property is located and inform them of your proposal

County Commissioners

Phone Numbers

Date Contacted

### PLEASE COMPLETE THE FOLLOWING PROPOSED USE INFORMATION:

A **Concept Plan** drawn to scale showing all existing and proposed buildings, septic system and field line areas, driveways, proposed parking areas, building setbacks, and any other pertinent information regarding the application must be submitted with this form. In addition to a concept plan you should submit **maps, drawings, and data** necessary to demonstrate that the proposed amendment is in general conformation with the adopted land use plan.

Explain **in detail** what you propose to do with this property and outline your long term plans for the property. Refer to the purpose statement of the zoning district for which you are requesting and explain how your project will fit within the description of that district.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature	Applicant's Name (Printed)	Date
-----------------------	----------------------------	------

**PLEASE INITIAL THE FOLLOWING POLICIES STATEMENTS TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THEM:**

Please note that this is the first step to completing your rezoning request. In almost every circumstance, a professionally engineered site plan meeting the requirements of the Commercial Planned Unit Development section of the County Zoning Ordinance will have to be submitted and reviewed by the Planning Commission before any building permits are issued. All buildings must comply with applicable Federal, State and local codes. Please Contact the Building Codes Department at (615) 452-1467 with questions about the building permit application process, inspections, fees, etc.

Applicants Initials \_\_\_\_\_

**Applicant Deferral/Withdrawal Policy:** It is the policy of the Planning Commission that any requests to defer their consideration of a rezoning application be submitted to the Planning Director in writing prior to the scheduled public hearing. If an applicant requests deferral or withdrawal after processing has begun, fees are non-refundable. Applicants requesting a deferral will be charged the cost of preparing and mailing new notices of public hearing. Applicants may not defer an application for a period exceeding three (3) months from the original Planning Commission public hearing date of said application. Any application not considered before the three (3) month deferral timeframe will be required to submit a new application, along with any required fees, and will be subject to the regulations in effect at that time.

Applicants Initials \_\_\_\_\_

**Commission Deferment/ Denial Policy:** When an applicant or their representative is not present at the regularly scheduled meeting of the Planning Commission, the Planning Commission shall defer said application to their next scheduled meeting. If the applicant or their representative fails to be present at the next meeting, then the Planning Commission shall deny the application.

Applicant's Initials \_\_\_\_\_

The Board, its members, and employees, in the performance of their work, may enter upon any land within its jurisdiction and make examinations and surveys and place or remove public notices as required by the Zoning Ordinance.

Owner's Initials \_\_\_\_\_ Applicant's Initials (If Different) \_\_\_\_\_

**CHECKLIST**

Before we can accept your rezoning application, please make sure you have all the items listed below:

<input type="checkbox"/> A completed application	<input type="checkbox"/> \$500 application fee.
<input type="checkbox"/> A copy of the deed to the property	<input type="checkbox"/> A concept plan drawn to scale, drawings, etc.
<input type="checkbox"/> A Letter of Attorney-in-Fact if submitted by anyone other than the current land owner.	Sign Fee: \$25 for 1st Sign <input type="checkbox"/> \$15 for Each Additional

**STAFF USE ONLY**

Accepted by:	Date:	Receipt Number:
--------------	-------	-----------------