



**SUMNER COUNTY DEVELOPMENT SERVICES DEPARTMENT
ZONING DETERMINATION LETTER REQUEST**

TODAY'S DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

PHONE: _____ EMAIL: _____

ZONING OF SUBJECT PROPERTY: _____

SUBJECT PROPERTY LOCATION: TAX MAP _____ GROUP _____ PARCEL(S) _____

WHAT IS THE NATURE OF YOUR REQUEST OR INQUIRY? (PLEASE INCLUDE ANY SUPPORTING DOCUMENTATION):

PROPERTY OWNER/REPRESENTATIVE SIGNATURE: _____

STAFF SIGNATURE: _____ DATE: _____

RECEIVED BY: _____ DATE: _____ AMOUNT: _____ RECEIPT: _____