

City of Collegedale

BOARD OF ZONING APPEALS APPLICATION

Special Exceptions Permit

CASE NUMBER:	Date Submitted:
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(1) Application Type:	
(2) Property Information:	
Address:	
Tax Map Number(s):	
(3) Proposed Development	
Reason for request and/or	
Proposed Use:	
(4) Site Characteristics	
Current Zoning:	
Current Use:	
Adjacent Uses:	
(5) Applicant Information	

All communication will be with the Applicant. If the applicant is not the property owner, the City of Collegedale requires a letter from the property owner(s) confirming that the applicant has permission to initiate this request.

You ARE the property owner:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Name:	Street/PO:	
City:	State:	ZIP:
Email:	Phone1:	Phone2:
Fax:		

(6) Property Owner Information (if not applicant)			
Name:	Phone:		
City:	State:	ZIP:	

STAFF USE ONLY:

 City of Collegedale 4910 Swinyar Dr PO Box 1880 Collegedale, TN 37315 423.396.3135 423.396.3138 (FAX)	Checklist:		
	Ownership Verified	<input type="checkbox"/>	
	Site or Sketch Plan Submitted	<input type="checkbox"/>	
	Notice Signs Given	<input type="checkbox"/>	
	Total Acres Considered:		
	Deed Book		
	Plat Book/Page		
	Filing Fee (see fee schedule)	\$	
	Cash		
	Check		
		Check #:	
	Public Hearing Date:		
	Applications due no later than the 20th day of the preceding month.		
	Applicantion Taken By:		