

City of Collegedale
ZONING REQUEST FORM

CASE NUMBER:		Date Submitted:
(1) Application Type:	Zoning	
(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** **NO**

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:

 <p>City of Collegedale 4910 Swinyar Dr PO Box 1880 Collegedale, TN 37315 423.396.3135 423.396.3138 (FAX)</p>	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 #: _____
	Planning Commission Date:	
	Applications due no later than the 20th day of the preceding month.	
	Applicantion Taken By:	