

APPLICATION # _____

**PLANNING COMMISSION APPLICATION FOR PROPERTY
REZONING RECOMMENDATION, TEXT AMENDMENT
RECOMMENDATION, OR SITE PLAN REVIEW UNDER THE
MASON ZONING ORDINANCE; MINOR SUBDIVISION FINAL
PLAT REVIEW, PRELIMINARY PLAT REVIEW, OR FINAL PLAT
REVIEW UNDER THE SUBDIVISION REGULATIONS OF MASON,
TENNESSEE; OR REQUEST FOR ANNEXATION AND ZONING**

GENERAL INFORMATION:

Name of Applicant(s) _____
(Last) (First) (Middle)

Address _____

Phone _____

Applicant's Interest In Property: Owner _____ Leasee _____

Prospective Purchaser _____

Option Holder _____

Other (State) _____

NATURE OR CHARACTER OF APPLICATION:

A. Zoning Action Requested:

Rezoning Recommendation _____

Site Plan Review _____ (include Required Number of Copies)

Zoning Ordinance Amendment Recommendation _____

Property Location(s)
(Address) _____

Tax Map and Parcel
Number(s) _____

Present Zoning
Classification _____

Proposed Zoning
Classification (If Applicable) _____

Property Description (sketch or attach below a map showing: location of property dimensions, street names, and other characteristics pertinent to this application)

Legal Description (attach copy of Plat, Deed, and/or Survey to application)

Reason(s) for Request

B. Subdivision Regulations Action Requested (include Required Number of Copies):

Preliminary Plat Review _____

Final Plat Review _____

Minor Subdivision Final Plat Review _____

Vacate a Plat _____

Property Location (Address): _____

Tax Map and Parcel Number: _____

Present Zoning Classification: _____

C. Annexation and Zoning Action Requested:

Property Location(s) (Addresses): _____

Tax Map and Parcel Number(s): _____

Present Zoning Classification(s) (in County): _____

Description of Intended Use of Property: _____

Property Description (sketch or attach below a map showing: location of property dimensions, street names, and other characteristics pertinent to this application)

Legal Description (attach copies of Deeds, Surveys to application)

Petition by Property Owners (if more than one or not adjacent to Corporate Limits
(attach copy to application)

Reason(s) for Request

I hereby certify that the statements made by me herein and the maps and other accompanying data submitted herewith are true and correct.

Signature of Applicant

Signature of Applicant

Signature of Applicant

Date

Non-refundable Fee

Fee Paid: \$ _____

Receipt No. _____

Application Status:

Approved _____

Denied _____