

HICKMAN COUNTY GOVERNMENT
OFFICE OF PLANNING & ZONING

#14, Hickman County Courthouse • Centerville, TN 37033
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REZONING REQUEST APPLICATION

Application is hereby made pursuant to Section 7.090 of the Zoning Resolution of Hickman County, to amend the Official Zoning Atlas of Hickman County. The fee for this request shall be one hundred dollars (\$100.00)

This application is made by _____
who are the owner(s) of the land for which a zoning change is requested.

Applicant(s) represent themselves and no other person(s), firm, corporation or political subdivision. The mailing address of the applicant is: _____

The address of the property proposed to be rezoned is _____
MAP _____ PARCEL _____.

Proposed zoning change from _____ to _____. Size of property to be rezoned _____

A site plan of the property is attached: Yes _____ No _____.

Reason for the proposed change _____

Dated this _____ day of _____, 20_____.

It is the responsibility of the applicant or their representative to attend all meetings concerning this application.

Signature of Applicant(s)

Fee paid: _____ Received by: _____

To Planning Commission _____ at _____ P.M.

County Commission:
Public Hearing _____ at _____ P.M.

District _____

Planning Commission Chairman: _____

County Commission Chairman: _____

White Copy – Building Commissioner • Yellow Copy – Appeals Board ▪ Pink Copy – Applicant