



# APPLICATION FOR REZONING REQUEST

City of Elizabethton

Department of Planning and Development

136 South Sycamore Street

Elizabethton, TN 37643

423-542-1503 / [www.elizabethton.org](http://www.elizabethton.org)

Date recived by planning office: \_\_\_\_\_

Property Address: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail \_\_\_\_\_

Desired Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

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Proposed Development: \_\_\_\_\_

Exsiting Zone: \_\_\_\_\_ Desired Zone: \_\_\_\_\_

Exsiting Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_ Group: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Reason why property should be rezoned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I hereby certify that all the statements and information contained herin are, to the best of my knowledge, complete and correct. By signing this application, the owner authorizes Elizabethton Planning Commission and City employees to enter the property during the normal discharge of their duties in regard to this request. I (we) agree to comply with any conditions for the required by the Elizabethton Regional Planning Commission.

\_\_\_\_\_  
Owner's Signature      Date

\_\_\_\_\_  
Print Name

Application fee : \$75.00 \_\_\_\_\_