



City of Elizabethton
Department of Planning and Development
136 South Sycamore Street
Elizabethton, TN 37643
Elizabethton Regional Planning Commission

Main 423-542-1508
Fax 423-547-7448
www.elizabethton.org

Application for Rezoning Request

Property Address: _____

Applicant: _____ Address: _____

Phone Number: (H) _____ (W) _____ (C) _____ Email: _____

Designated Contact: _____

Address: _____

Phone Number: (Work) _____ (Cell) _____ Email: _____

Proposed Development: _____

Tax Map Number: _____ Group: _____ Parcel Number: _____

Existing Zone: _____ Desired Zone: _____

Existing Use: _____ Proposed Use: _____

Reason why property should be rezoned: _____

Date Received by Planning Office: _____

I hereby certify that all of the statements and information contained herein 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