

**APPLICATION FOR RAO,  
REDEVELOPMENT AREA OVERLAY,  
ZONING**

**The City of Cookeville**

In order to be considered by the Cookeville Planning Commission, this form shall be filed with the Cookeville Planning Department by 12:00 noon on the first Monday of the month during which is to be considered. All supporting documentation, as well as a filing fee of \$200.00, shall accompany this form, You are urged to consult with the staff of the Cookeville Planning Department in order to determine what documentation will be required.

**UNDERLYING ZONING** \_\_\_\_\_

**OFFICE ONLY**

Date Filed : \_\_\_\_\_

Date taken for Study : \_\_\_\_\_

Planning Commission :  Approved  Disapproved

Date : \_\_\_\_\_

Date sent to Council : \_\_\_\_\_

Date Public Notice : \_\_\_\_\_

Ordinance Number : \_\_\_\_\_

1st Reading : \_\_\_\_\_

2nd Reading : \_\_\_\_\_

Effective Date : \_\_\_\_\_

**LOCATION OF PROPERTY PROPOSED FOR RAO \***

**ADDRESS :** \_\_\_\_\_

**TAX MAP NUMBER :** \_\_\_\_\_

**ACREAGE :** \_\_\_\_\_

\* A copy of the Putnam County Tax Map showing the property shall be attached, if available, a survey of the site shall also be attached.

**OWNER OF PROPERTY PROPOSED FOR RAO \***

**NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **STATE :** \_\_\_\_\_ **ZIP :** \_\_\_\_\_

**PHONE :** \_\_\_\_\_

**AUTHORIZED AGENT \***

**NAME :** \_\_\_\_\_

**ADDRESS :** \_\_\_\_\_

**CITY :** \_\_\_\_\_ **STATE :** \_\_\_\_\_ **ZIP :** \_\_\_\_\_

**PHONE :** \_\_\_\_\_

\* If an attorney, real estate agent, family member, or other individual is to serve as agent or spokesman for the property owner, a letter from the owner designating said agent shall accompany this form.

**LAND USE**

**EXISTING LAND USE :**

**PROPOSED LAND USE :**

**REASON FOR REQUESTING RAO ZONING :**

**REVIEWED BY :** \_\_\_\_\_

**DATE :** \_\_\_\_\_