APPLICATION FOR REZONING
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 it 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.

EXISTING ZONING _____

PROPOSED ZONING _____

OFFICE ONLY

Date Filed: _____

Date taken for Study: _____

Planning Commission: Approved Disapproved

Date: _____

Date sent to Council: _____

Date of Public Notice: _____

Ordinance Number: _____

1st Reading: _____

2nd Reading: _____

Effective Date: _____

LOCATION OF PROPERTY TO BE REZONED *

ADDRESS: _____

TAX MAP NUMBER: _____

SUBDIVISION (If applicable): _____

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

OWNER OF PROPERTY TO BE REZONED

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 REZONING:

REVIEWED BY: _____ DATE: _____