

CITY OF MANCHESTER, TENNESSEE

DEPARTMENT OF HEALTH AND CODES

200 W. Fort Street

Manchester, TN 37355

931-723-1464

Email: gfrazier@cityofmanchestertn.com

REZONING APPLICATION

FEE: \$200

DATE: _____

MEETING DATE: _____

CASE #: _____

TIME OF MEETING: 5:30 P.M.

APPROVAL

LOCATION: CITY HALL MEETING ROOM

DISAPPROVAL

NO ACTION TAKEN

MANCHESTER PLANNING COMMISSION

Name of Property Owner: _____

Address of Owner: _____

Home Phone: _____ Work Phone: _____

I hereby request to the Planning Commission:

Rezoning _____ to _____

Intended Use: _____

Address of Property: _____

Property Tax Map No: _____ Group: _____ Control Map: _____ Parcel No. _____

Is this property in a Flood Hazard Area per FIRM Map No. 47031C0- _____

Map Revised: August 4, 2008.

Note: _____

I do hereby, certify that the information given above is accurate/correct to the best of my knowledge

Signature of Owner/Authorized Agent

Rezoning instruction sheet received

Site Plan checklist received