



ANNEXATION APPLICATION

DATE: _____

APPLICANT: _____

PROJECT NAME: _____

PRE-APPLICATION MEETING DATE & TIME: _____

APPLICATION TYPE (select one):

- ☐ Annexation (expansion of city limits)
- ☐ De-annexation (contraction of city limits)

ACRES: _____

REQUESTED DISTRICT(s)*: _____

**if requesting multiple provide an exhibit showing where each is being requested. If requesting a Specific Plan zoning a separate application for that request will need to be submitted concurrently to this application.*

LOCATION OF PROJECT (Address and Tax Map & Parcel Number)

NOTE: All required information shall be submitted through the [GeoCivix portal](#).



ANNEXATION APPLICATION

COMPLETE APPLICATION

An application shall not be considered submitted until this completed and signed application, a completed and signed checklist, and application fee has been recorded. All required submission requirements must be completed by the submittal deadline indicated on the submission schedule for the appropriate application type.

AGREEMENT

I hereby attest that I have provided a complete application and understand failure to provide all required information and satisfy all requirements for a submission will result in the decline of the application for review until a future deadline where all information and requirements have been satisfied.

I understand that a complete submission does not guarantee application approval.

APPLICANT:

Print: _____

Signature: _____

Address: _____

Phone: _____

E-mail: _____

OWNER: (if different)



ANNEXATION APPLICATION

The following information is requested to comply with Ordinance 07-3203.

The undersigned does hereby warrant and affirm, to the best of his/her knowledge and belief, that no employee and/or public official of or for the City of Lebanon, Tennessee, or a member of such employee's or public official's immediate family, shall receive, or has received, any monetary or other consideration, directly or indirectly, either past or in the future, relative to the subject transaction or business for which application is being made.

- ☐ YES
☐ NO

If "NO," please disclose in full detail any monetary or other consideration any employee and/or public official of or for the City of Lebanon, Tennessee, or a member of such employee's or public official's immediate family, shall receive, or has received, either directly or indirectly, including the source for such consideration

Applicant (Print): _____ Applicant (Signature): _____

STATE OF TENNESSEE COUNTY OF WILSON

Personally appeared before me, the undersigned, a Notary Public in and for said county and state, _____, known to me to be the person who signed the foregoing instrument, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office this the _____ day of , _____.

Notary Public

My Commission Expires: _____