REZONING/FUTURE LAND USE PLAN/OVERLAY AMENDMENT APPLICATION

DATE: _____ APPLICANT: _____

PROJECT NAME: _____

PRE-APPLICATION MEETING DATE & TIME: _____

APPLICATION TYPE (select one):

- ☐ Rezoning
- ☐ Future Land Use Plan Amendment
- ☐ South Hartmann Overlay Amendment

ACRES: _____

REQUESTED DISTRICT(s) or DESIGNATION(s)*: _____

*if requesting multiple provide an exhibit showing where each is being requested.

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

_____

_____

_____

NOTE: All required information shall be submitted through the GeoCivix portal.

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:	OWNER: (if different)
Print: _____	_____
Signature: _____	_____
Address: _____	_____
_____	_____
Phone: _____	_____
E-mail: _____	_____

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: _____