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GOVERNMENTAL REZONING

Jurisdiction: City _____ Councilmanic District County _____ Commission District

Date Filed: _____ Fee Paid: _____ File Number: _____

Map Number: _____ Zoning District: _____ City County Sector: _____

Name of Applicant: _____

PROPERTY INFORMATION:

Address: (Street Number) _____ (Street Name) _____

General Location: _____

Description: Parcel(s) _____ City Block(s) _____

Other _____

Size of Tract: _____ Acres _____ Square Feet

CHANGE REQUESTED:

I (we) request that the MPC, after appropriate study, recommend an amendment to the official zoning map to change the zoning of the property described above.

FROM: _____ TO: _____

Previous Zoning Requests:

ALL CORRESPONDENCE RELATING TO THIS APPLICATION SHOULD BE SENT TO:

Name: (Print) _____ Address • City • State • Zip • Phone • Fax

AUTHORIZATION OF APPLICATION:

City of Knoxville Knox County _____

Department _____

Signature _____ Title _____

Name (Print) _____ City • State • Zip • Phone • Fax

APPLICATION ACCEPTED BY: