

City of Spring Hill, Tennessee
BOARD OF ZONING APPEALS APPLICATION
 8060 Station Hill Dr. Spring Hill, TN 37174
 (931) 451-0826



| FOR STAFF USE ONLY | |
|-----------------------------------|----------------------------|
| Date Application submitted: _____ | Fee: _____ |
| Date Accepted as complete: _____ | Case number: _____ |
| Map/Parcel: _____ | Public Hearing Date: _____ |

Date: _____ Project Name: _____

Property Address/Location: _____

Current Zoning District(s): _____ Property Size: _____

Description of Request: _____

| <u>Type of request being made</u> | <u>Materials Submitted</u> |
|---|--|
| <input type="checkbox"/> Variance for _____ | <input type="checkbox"/> Letter of Request |
| <input type="checkbox"/> Special exemption _____ | <input type="checkbox"/> Request Checklist |
| <input type="checkbox"/> Interpretation of a definition | <input type="checkbox"/> Proof of Ownership |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Location Map |
| | <input type="checkbox"/> Site Plan, Plot Plan, etc. |
| | <input type="checkbox"/> Building Elevations, Renderings, etc. |
| | *1 paper copy and 1 electronic copy (USB or CD)* |

Note to the Applicant:

*Applications and all required submittals must be filed with the Planning Department 8060 Station Hill Dr. Spring Hill, TN 37174) prior to the established deadline. Both the applicant and property owner must sign the application.

*All applications must be accompanied by completed checklist.

*A representative must be present at the scheduled meeting.

PROPERTY OWNER(S) OR AUTHORIZED AGENT:

I/We certify under penalty of perjury that I am/we are the owner(s) of the property that is the subject of this application and that I/we have read this application and consent to its filling. (If signed by the authorized agent; a letter from each property owner must be provided indicating that the agent is authorized to act on her/his behalf.)

Property Owner Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____

Authorized Agent Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____

APPLICANT OR REPRESENTATIVE:

I have read the attached checklist and have complied with all requirements listed and understand that is application may be deemed incomplete if the submittal misses any of the information listed. I also understand that other information may be requested by staff, Planning Commission and Alderman during review relevant to the request.

Name (printed): _____ Date: _____

Address: _____

Phone number: _____ Mobile #: _____

Email: _____

Signature: _____