

BOARD OF ZONING APPEALS APPLICATION

The Cheatham County Department of Codes, Building Safety, and Land Use
338 Frey St. / Ashland City, TN 37015 / (615) 792-7915 / Fax (615) 792-2040
codes@cheathamcountyttn.gov

Engineering Fees Charged to Applicants

Any review of subdivision, plats, construction plans, FEMA reviews, etc., will be the responsibility of the property owner requesting the review and all fees will be collected at the time of approval.

There will be a \$5.00 ARCHIVE FEE charged for all applications

Board of Zoning Appeals Application Fee is \$130.00 plus the cost of certified letter notification to all adjoining property owners including directly across the street. The applicant shall also be responsible for obtaining a notification sign from the Planning Office and placing it on the property fifteen (15) days prior to the hearing by the Board of Appeals.

DATE RECEIVED: _____

APPLICATION FOR: (CHECK ONE OR MORE BELOW)

VARIANCE*: _____ SPECIAL EXCEPTION*: _____ APPEAL BLDG. COMM. DECISION*: _____

TEMPORARY USE PERMIT* _____ INCIDENTAL HOME OCCUPATION* _____

CONDITIONAL USE * _____ ADMINISTRATIVE REVIEW* _____

FOR:

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

*NOTE: IN THE SPACES ABOVE CITE THE SPECIFIC SECTIONS OF THE ZONING RESOLUTION THAT SUPPORT YOUR REQUEST(S). REQUESTS FOR VARIANCE, SPECIAL EXCEPTION, OR APPEAL OF BUILDING COMMISSIONERS DECISION ARE FOUND IN ARTICLE IX, SECTIONS 9.060 THROUGH 9.080.

NAME AND ADDRESS OF OWNERS OF SUBJECT PROPERTY**:

TELE: _____

EMAIL: _____

****APPLICANT OR AUTHORIZED AGENT IS REQUIRED TO ATTEND MEETING****

ADDRESS OF SUBJECT PROPERTY: _____

DESCRIPTION OF SUBJECT PROPERTY: ZONING: _____ IN GROWTH PLAN : _____

MAP # _____ PARCEL # _____ NAME OF SUBDIVISION _____

LOT # _____ ACREAGE: _____ ROAD NAME: _____

SPECIAL HAZARD FLOOD AREA: _____ VOTING DISTRICT: _____

NAME AND ADDRESS OF ALL ADJOINING PROPERTY OWNERS:

I HEREBY CERTIFY THAT I HAVE READ, COMPLETED, AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS REQUEST SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS REQUEST SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF AN APPEAL DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FERDERAL LAW REGULATING ZONING.

APPLICANT SIGNATURES: _____

APPLICATION REVIEW DECISION***: _____

SIGNATURE: _____

NOTICE TO APPLICANT: _____ DATE: _____

FEES COLLECTED : _____ AGENDA DATE: _____

PUBLICATION DATE: _____ NOTICE TO BOARD: _____

**NOTE: REVIEW OF APPEAL APPLICATION AND NOTICE TO APPLICANT MUST BE COMPLETED WITHIN 10 DAYS OF RECEIPT OF APPLICATION.

BOARD OF ZONING DECISION****:
