



**City of Spring Hill, Tennessee**  
**BOARD OF ZONING APPEALS APPLICATION**  
 5000 Northfield Lane, Ste. 520, Spring Hill, TN 37174  
 (931) 486-2252 Fax (931) 486-3596

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"/> Proof Of Ownership
<input type="checkbox"/> Interpretation of a definition	<b>*7 Folded Copies and one (1) digital copy of:</b>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Building Elevations
	<input type="checkbox"/> Site Plan
	<input type="checkbox"/> Location Map

Note to the Applicant:

**\*Applications and all required submittals must be filed with the Planning Department 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: \_\_\_\_\_