

City of Spring Hill, Tennessee
Board of Zoning Appeals Agenda Application

199 Town Center Parkway, 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: _____

<p style="text-align: center;"><u>Type of request being made</u> —</p> <p><input type="checkbox"/> Variance for _____</p> <p><input type="checkbox"/> Special exemption _____</p> <p><input type="checkbox"/> Interpretation of a definition</p> <p><input type="checkbox"/> Other _____</p>	<p style="text-align: center;"><u>Materials submitted</u> —</p> <p><input type="checkbox"/> Letter of request</p> <p><input type="checkbox"/> Proof of ownership</p> <p>7 folded copies and one (1) digital copy of:</p> <p><input type="checkbox"/> Building Elevations</p> <p><input type="checkbox"/> Site plan</p> <p><input type="checkbox"/> Location Map</p>
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Note to the applicant:

- * The Spring Hill Board of Zoning Appeals meets as needed but no more than 10 calendar days following the submittal of an application.
- * 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.

APPLICANT OR REPRESENTATIVE:

I have read the attached checklist and have complied with all requirements listed and understand that this 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 Aldermen during review relevant to the request.

Name (printed): _____

Date: _____

Address: _____

Phone number: _____

Email: _____

Signature: _____

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 filing. *(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.)*

Name (printed): _____

Date: _____

Address: _____

Phone number: _____

Email: _____

Signature: _____

Name (printed): _____

Date: _____

Address: _____

Phone number: _____

Email: _____

Signature: _____