

APPLICATION # _____

**PLANNING COMMISSION APPLICATION FOR PROPERTY REZONING
RECOMMENDATION, TEXT AMENDMENT RECOMMENDATION, OR
SITE PLAN REVIEW UNDER THE LEXINGTON ZONING ORDINANCE;
MINOR SUBDIVISION FINAL PLAT REVIEW, PRELIMINARY PLAT
REVIEW, OR FINAL PLAT REVIEW UNDER THE SUBDIVISION
REGULATIONS OF LEXINGTON, TENNESSEE; OR REQUEST FOR
ANNEXATION AND ZONING**

GENERAL INFORMATION:

Name of Applicant(s) _____
(Last) (First) (Middle)

Address _____

Phone _____

Applicant's Interest In Property: Owner _____ Leasee _____

Prospective Purchaser _____

Option Holder _____

Other (State) _____

NATURE OR CHARACTER OF APPLICATION:

A. Zoning Action Requested:

Rezoning Recommendation _____

Site Plan Review _____ (include Required Number of Copies)

Zoning Ordinance Amendment Recommendation _____

Property Location(s)
(Address) _____

Tax Map and Parcel
Number(s) _____

Present Zoning
Classification _____

Proposed Zoning
Classification (If Applicable) _____

Property Description (sketch or attach below a map showing: location of property dimensions, street names, and other characteristics pertinent to this application)

Legal Description (attach copy of Plat, Deed, and/or Survey to application)

Reason(s) for Request

B. Subdivision Regulations Action Requested (include Required Number of Copies):

Preliminary Plat Review _____
Final Plat Review _____
Minor Subdivision Final Plat Review _____
Vacate a Plat _____

Property Location (Address): _____

Tax Map and Parcel Number: _____

Present Zoning
Classification: _____

C. Annexation and Zoning Action Requested:

Property Location(s) (Addresses): _____

Tax Map and Parcel Number(s): _____

Present Zoning
Classification(s) (in
County): _____

Description of Intended Use of
Property: _____

Property Description (sketch or attach below a map showing: location of property dimensions, street names, and other characteristics pertinent to this application)

Legal Description (attach copies of Deeds, Surveys to application)

Petition by Property Owners (if more than one or not adjacent to Corporate Limits (attach copy to application)

Reason(s) for Request

I hereby certify that the statements made by me herein and the maps and other accompanying data submitted herewith are true and correct.

Signature of Applicant

Signature of Applicant

Signature of Applicant

Date

Non-refundable Fee

Fee Paid: \$ _____

Receipt No. _____

Application Status:

Approved _____

Denied _____