

**CITY OF JACKSON, TENNESSEE
REZONING APPLICATION
INSTRUCTION SHEET**

No application for a rezoning request will be accepted for filing unless it complies with all of the requirements listed below:

1. REZONING APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. One copy of a legal description of the acreage proposed for the zoning;
- c. One copy of a "Statement of Justification" explaining the reasons for the requested zoning;
- d. One copy of a location map depicting the subject property;
- e. Copies of maps, site plans, elevations, etc. that may be required by the Zoning Ordinance for the particular zoning requested;
- f. A \$200 application fee. (Payable to the "City of Jackson")

No application for a text amendment to the City Zoning Ordinance will be accepted for filing unless it complies with all of the requirements listed below:

2. TEXT AMENDMENT REQUIREMENTS

- a. One copy of a completed application form;
- b. One copy of a "Statement of Justification" explaining the reasons for the requested text amendment and referencing the section of the Zoning Ordinance to be amended.
- c. A \$200 application fee. (Payable to the "City of Jackson")

If there are any omissions in the application the petitioner shall have twenty-four (24) hours from the time he/she is notified of said omissions to correct them. If he/she is unable to present a corrected/completed application to the Planning Commission Staff in the time allowed, his/her petition will be rejected and should be resubmitted for the next scheduled Planning Commission meeting.

The completed application along with the application fee shall be submitted to the Jackson Regional Planning Department the first Friday following a regularly scheduled Planning Commission meeting date.

IMPORTANT NOTE: A PRE-SUBMITTAL CONFERENCE, WITH THE APPROPRIATE PLANNER, IS REQUIRED PRIOR TO THE SUBMITTAL OF THIS APPLICATION. PLEASE CALL 731-425-8275-.

Applications can be obtained from: City of Jackson Planning Department
111 East Main Street, Suite 201
Jackson, TN 38301

Phone: (731) 425-8282
FAX: (731) 927-8781

**CITY OF JACKSON
APPLICATION FOR AMENDMENT TO ZONING MAP AND/OR
ZONING ORDINANCE**

TO: The Jackson City Council

DATE: _____

APPLICANT INFORMATION:

Name of Applicant (Owner or Agent)

Address

City

State

Zip Code

_____ Applicant requesting reclassification from the _____
District to the _____ District, property as described in the
attached property description and depicted on the attached tax
map/plats, etc. and are a part of this application.

_____ Applicant requesting to amend the text of the Zoning Ordinance of
the City of Jackson, Article _____, Section _____.

Location of Property to be rezoned

Name of Owner of Record

Address of Owner of Record

Tax Map #/Parcel #

Total Acreage/ Square Footage

Signature of Owner/Agent: _____

Address/Telephone #: _____

**IMPORTANT NOTE: A PRE-SUBMITTAL CONFERENCE, WITH THE APPROPRIATE PLANNER, IS
REQUIRED PRIOR TO THE SUBMITTAL OF THIS APPLICATION. PLEASE CALL 731-425-8275.**

Initial of Planning Staff: _____

Date Application Accepted: _____