

City of Three Way, 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 have to 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 three (3) weeks prior to the scheduled Planning Commission meeting date.

Applications can be obtained from: City of Jackson Planning Department
111 East Main Street, Suite 201
2nd Floor
Jackson, TN 38301
Phone: (901) 425-8286
FAX: (901) 425-8281

City of Three Way, Tennessee

APPLICATION FOR AMENDMENT TO ZONING MAP AND/OR ZONING ORDINANCE

TO: The Three Way Board of Aldermen

DATE: _____

APPLICANT INFORMATION:

Name of Applicant (Owner or Agent)

Address:

City State Zip Code

Applicant requesting reclassification from the _____ District to the _____ District, 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 #: _____

Initial of Planning Staff: _____

Date Application Accepted: _____