

City of Paris

100 N Caldwell St
P.O. Box 970
Paris, TN 38242
<http://paristn.gov/>

For Internal Use Only

Received By: _____ Date: _____

APPLICATION FOR AMENDMENT TO ZONING ORDINANCE

APPLICANT'S INFORMATION

Name of Individual: _____ Phone: _____

Address: _____ City/State: _____

Email Address: _____

Applicant's Interest in Property: Owner Agent Lessee Option to Purchase

PROPERTY INFORMATION: Map: _____ Group: _____ Parcel: _____

Property Address: _____

REQUEST TO REZONE PROPERTY

Current Zoning Classification: _____ Requested Zoning Classification: _____

Reason for Request/Remarks: _____

Site Plan Required: **Yes No** Map Required: **Yes No** Site Plan Required: **Yes No**

REQUEST TO AMEND TEXT OF THE MUNICIPAL ZONING ORDINANCE

Chapter: _____ Section: _____ Requested Amendments/Remarks: _____

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

Applicant Signature: _____ Date: _____

City Commission Meeting: ___/___/___ Planning Commission Meeting: ___/___/___

Planning Commission Recommendation: _____

Date of Action: ___/___/___

Action by Board of Commissioners: _____

Date of Action: ___/___/___