



Town of Smyrna

APPLICATION FOR REZONING

Property Owner:

Applicant:

Signature

Signature

Telephone No.: _____

Telephone No.: _____

Email: _____

Email: _____

Address of property for which rezoning is requested: _____

Tax Map Parcel Number: _____

Present Zoning: _____ Requested Zoning: _____

Brief list of reasons why rezoning is required: _____

NOTES:

- * if review of this application is required by the Town of Smyrna engineer, the applicant is responsible for the incurred costs related to this review.
- * Minor Rezoning (under 1 acre) - \$150.00
Major Rezoning (1 acre or more) - \$300.00 + \$25 for each additional acre
- * One (1) plot plan which shows all structures, improvements, metes and bounds and utilities must accompany this application.
- * Applicant and/or owner shall attend the public hearings to speak on behalf of the application or the application will be tabled.

----- **FOR OFFICE USE ONLY** -----

Planning & Zoning Commission

Meeting date: _____ Application received: _____

Fee paid/Receipt number: \$ _____

Public hearing advertised on: _____

Property posted on: _____

Notice sent to abutting property owners on: _____

Recommendation by Planning & Zoning Commission: _____

Motion by: _____ Second by: _____

Vote: Yes () No ()

Mayor and Council

Meeting date: _____

Public hearing advertised on: _____

Property posted on: _____

Notice sent to abutting property owners on: _____

Recommendation by Mayor and Council: _____

Motion by: _____ Second by: _____

Vote: Yes () No ()