

REZONING REQUEST

**CITY OF DICKSON
OFFICE OF PLANNING & ZONING
200 CENTER AVENUE
DICKSON, TN 37055
(615) 441-9505**

NAME OF PROPERTY OWNER: _____

ADDRESS OF OWNER: _____

PHONE NUMBER: _____

ADDRESS OF PROPERTY TO REZONE: _____

MAP & PARCEL #: _____

DEED BOOK: _____ PAGE NUMBER: _____

NUMBER OF ACRES: _____ NUMBER OF LOTS: _____

ZONING OF SURROUNDING PROPERTY: _____

NAMES OF SURROUNDING PROPERTY OWNERS: _____

AFFECTED THOROUGHFARES: _____

PUBLIC UTILITIES PROVIDED: _____

PRESENT ZONING: _____ REQUESTED CHANGE: _____

FOR OFFICE USE ONLY

DATE REVIEWED BY PLANNING COMMISSION: _____

APPROVED: _____ DISAPPROVED: _____

REASON FOR DISAPPROVAL: _____

PUBLIC HEARING BEFORE COUNCIL: _____

SIGNATURE OF APPLICANT

DATE