



Ashland City Fire, Building & Life Safety Department

101 Court Street
Ashland City TN 37015

Fire & Life Safety: (615) 792-4531 – Building Codes (615) 792-6455

DATE RECEIVED: _____ APPLICANT INTERVIEW DATE: _____

ZONING INTERPRETATION AND DETERMINATION APPLICATION

Phone: (615) 792-6455 Fax: (615) 792-7100

jmccclain@ashlandcitytn.gov

Instructions: Please print (in ink) all requested data

Property Owner: _____ Phone: _____

Address: _____

Suite/Apt: _____

Property Address: _____

Mat # _____ Parcel #: _____

Applicant: _____ Phone: _____

Address: _____

Description of existing use and site: (Include as much detail as possible)

Description of proposed project and use: (Include as much detail as possible)

If the applicant is not the property owner a notarized statement designating a legally authorized agent is required before application approval or issuance of a permit.

Signature: _____ Date: _____

_____ Owner _____ Authorized representative

Submit together with applicable evidence of:

_____ Preliminary Site Plan (Sketch drawing may be acceptable for zoning interpretation and review application)

_____ Notarized representative statement

This Zoning Review Application is for the purpose of reviewing proposed projects for compliance with the zoning ordinances. Based on a review of this application, additional materials may be required before making application to the Planning Commission.

Staff comments will be completed and available to the application within ten (10) days, excluding holidays.