

**APPLICATION FOR PROPERTY REZONING OR RELIEF
UNDER THE ZONING ORDINANCE
OF THE CITY OF MILAN, TENNESSEE**

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

APPLICANT'S PHONE NUMBER: _____

APPLICANT'S INTEREST IN PROPERTY: **OWNER / PROSPECTIVE ()**

PURCHASER () LESSOR () PROSPECTIVE PURCHASER ()

OPTION HOLDER () OTHER ()

NATURE AND CHARACTER OF APPLICATION

- | | | |
|-------------------------|--------------------------|---|
| ACTION REQUESTED | () REZONING | () APPEAL ALLEDGING
ERROR OF BUILDING
INSPECTOR |
| | () USE ON APPEAL | |
| | () VARIANCE | () INTERPRETATION
OF BLDG INSPECTOR |
| | | () INTERPRETATION
OF ORDINANCE |

PROPERTY LOCATION – ADDRESS: _____

LOT(S) _____ **MAP & PARCEL** _____

OF TAX MAP DATE _____

PRESENT ZONING CLASS _____ **PROPOSED ZONING CLASS** _____

DESCRIPTION OF INTENDED USE OF PROPERTY _____

REASON FOR REQUEST _____

If more than one applicant is filing, attach each applicant's name with other pertinent information to this form.

\$50.00 Application Fee Due when application is submitted.