

## City of Mount Pleasant

"Experience Our History.....Explore Our Possibilities"

## **Department of Planning and Zoning**





MPRPC File #	Date of Application:
Short explanation of reason for request:	
☐ RE-ZONE (Zoning Change)	☐ ZONING TEXT AMENDMENT
Is the entire property to be re-zoned?	Current Zoning:
☐ Yes ☐ No If No - Amount Propo	sed: Proposed Zoning:
define the areas of each proposed zoning direcorded, after the approval of re-zoning, a	e parcel, a Final Plat will be required with this application to istrict. The Final Plat will be required to be approved and and prior to being able to use the property under the approved ments are a multiple step process the applicant should also be quired to process this application.
Applicant / Developer	
Company Name:	
Name of Person:	
Phone Number:	Email:
Property Owner(s) - (attach additional	al sheets if more than two owners)
Name:	
Address:	
Phone Number:	Email:
Name:	
Address:	
Phone Number:	Email:



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Property is Located Near:  Property Address:					
					Тах Мар:
Plat Book:	Plat Page:	Date Recorded:	Date Recorded:		
Application Fee(s) Refer to the latest Application Fee Schedule. Coordinate with the Planning, Zoning, & Codes Office regarding the amount due in advance of submitting the application. (Make check payable to the City of Mount Pleasant.)  FEES MUST BE SUBMITTED WITH THE APPLICATION OR IT  WILL NOT BE ACCEPTED FOR CONSIDERATION					
Submittal Requirements and Deadlines  The submittal requirements, number of copies, guidance checklists and certification requirements are listed in the latest revision of the Zoning Ordinance.  Your application may be deemed incomplete due to lack of the required documents not being submitted at the time this application is submitted. This may result in this application not being reviewed and/or advanced to the Planning Commission until the required documents are submitted. The applicant and all parties involved with this application are responsible for reading and complying with the requirements related to this application and must comply with all City deadlines.					
Property Owner Authorization  By signing this application below, I am acknowledging and granting the submission of this application and stating the agents listed herein are authorized to act as my representative(s). If other agents are utilized to represent me, I will provide a letter acknowledging and stating the agents that are authorized to act as my representative(s). Authorization is also granted to Maury County and its representatives to enter upon the property for examinations & evaluations.					
Proper	ty Owner Signature	Applicant/Deve	loper Signature		
	 Date	 Da	 te		