



Request Date _____

Rezoning Request Application

Sevier County Planning and Zoning Department
227 Cedar Street ~ Sevierville, TN. 37862
Telephone: (865) 453-3882 Fax: (865) 453-5923

Applicant Name: _____ **Phone No:** _____

Address: _____
Street City State Zip

Applicant/Owner: _____
(Email for contact person concerning this application)

-----Owner Information -----

Property Owner: _____ **Phone No:** _____

Address: _____
Street City State Zip

-----Property Information -----

Civil District: _____ **Tax ID:** _____
Map Group Parcel

Property Address: _____
Street City State Zip

----- Rezoning Request -----

Current Zoning District: _____ **Current Use:** _____

Proposed Zoning District:

Agricultural Residential Commercial Industrial
 A-1 R-1 R-2 R-2M C-1 C-2 I-1

Proposed Use _____

I, the undersigned being the owner of property described above, affirm the accuracy of the above information about the property and use described. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting the property and consent that my property may be rezoned as proposed. Any incorrect information provided causes this application and subsequent request to be null and void.

Property Owner *Date*

For Office Use Only			
PC _____	CC _____	Zoning Map # _____	RR# _____ Fee Pd. _____ (\$100.00)
Reviewed by the _____ Planning Commission			
Recommended: For _____ Against _____			
County Commission Action: Approved _____ Denied _____			