

**BOARD OF ZONING APPEALS
APPLICATION
CITY OF CLARKSVILLE, TENNESSEE**

APPLICANT: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE NUMBER(S): _____

LOCATION OF THE REQUEST

ADDRESS: _____

SUBDIVISION: _____ **LOT NO.:** _____

TAX PROPERTY MAP NO.: _____ **PARCEL:** _____ **ZONE:** _____

WARD NUMBER: _____

DESCRIPTION OF THE REQUEST

**USE PERMITTED ON REVIEW
(Title 11 Section 5.1 of the Official Zoning Ordinance)**

Applicant is requesting a Use Permitted on Review in a _____ zone to allow for a

REMARKS: _____

Applicant's Signature: _____

Application Received by: _____ **Date:** _____

Fee Amount: \$200.00 nonrefundable. Deadline: 2nd Wednesday of month at noon.
100 South Spring Street \ Clarksville, TN 37040 [931] 645-7426 option #2\ Fax [931] 645-7430
Check # _____ Receipt # _____