

CASE NUMBER:	Date Submitted:
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(1) Application Type:	
(2) Property Information:	
Address:	
Tax Map Number(s):	
(3) Proposed Development	
Reason for request and/or	
Proposed Use*:	
(4) Site Characteristics	
Current Zoning:	
Current Use:	
Adjacent Uses:	
(5) Applicant Information	

All communication will be with the Applicant. If the applicant is not the property owner, the City of Collegedale requires a letter from the property owner(s) confirming that the applicant has permission to initiate this request.

You ARE the property owner:				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Name:			Street/PO:				
City:			State:	ZIP:			
Email:		Phone1:			Phone2:		
Fax:							

(6) Property Owner Information (if not applicant)			
Name:		Phone:	
City:	State:	ZIP:	

STAFF USE ONLY:

Checklist:	Ownership Verified			<input type="checkbox"/>
 <p>City of Collegedale 4910 Swinyar Dr PO Box 1880 Collegedale, TN 37315 423.396.3135 423.396.3138 (FAX)</p> <p>*See attachment</p>	Site or Sketch Plan Submitted			<input type="checkbox"/>
	Notice Signs Given			<input type="checkbox"/>
	Total Acres Considered:			
	Deed Book			
	Plat Book/Page			
	Filing Fee (see fee schedule)			\$
	Cash			
	Check			
				Check #:
	Public Hearing Date:			
Applications due no later than the 20th day of the preceding month.				
Applicantion Taken By:				