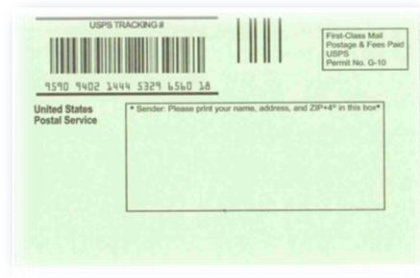


**CITY OF SHELBYVILLE, TENNESSEE  
PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT  
REZONING APPLICATION**

**PLEASE NOTE:** Failure to complete the process below will result in an incomplete application. Applications will not be considered until all items are submitted timely.

**APPLICATION PROCEDURE:** A complete application consists of the following submitted to the PCD Department in accordance with the approved Submittal Calendar to be placed on the current month’s agenda:

1. Completion of this application and application fee submitted via cash or check to the City of Shelbyville. Please make checks payable to the City of Shelbyville.
2. All Certified Mail Receipts must be provided to the Planning Department by the applicant one week before the date of the Planning Commission meeting.
3. The green “Certified Mail Card” should have in the “Sender” box: City Hall, Attn: Planning Department, 201 N. Spring Street, Shelbyville, TN 37160.



**REZONING PROCEDURE:**

*Planning Commission:* Once all application materials are received, the application will be placed on the Planning Commission agenda for the month appropriate for submittal timing. Applicants or their representatives are highly encouraged to attend the Planning Commission meeting. The Planning Commission will hear the application, and give a recommendation to the City Council for approval or denial of the request. If recommended for approval, the application automatically moves forward to the City Council for consideration, unless the applicant requests otherwise.

*City Council:* The City Council will have a first reading (one month), and then a public hearing and second & final reading on the application (one month). If approved, the new zoning designation goes into effect fifteen (15) days after the Public Hearing/ 2<sup>nd</sup> & Final Reading. On the 15<sup>th</sup> day, the property is eligible for development under the new zoning classification.

**OWNERS OF RECORD:** Please note that all property owners of record must be denoted below. If there are additional Owners of Record, please provide their information on another sheet and attach to this application. Married individuals may be listed on this form as one

**Name:** \_\_\_\_\_

**Address (no P.O. Box Numbers):** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**PROPERTY OWNER'S REPRESENTATIVE** – This person shall serve as the applicant on behalf of the Property Owner(s) listed on this application. This person shall serve as the City of Shelbyville's primary contact during the review process. The Property Owner(s) agree that this person shall have the full authority to speak to and make representations to City staff about the project on behalf of the Property Owner(s).

**Name:** \_\_\_\_\_

**Address (no P.O. Box Numbers):** \_\_\_\_\_

**Phone Number:** (    ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**PROPERTY INFORMATION**

Property Address (if not numbered, nearest major cross streets): \_\_\_\_\_

Tax Map and Parcel Number(s): \_\_\_\_\_

Total Acreage of Property: \_\_\_\_\_

Current Zoning of Property: \_\_\_\_\_

Requested Zoning Classification: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_

**REQUIRED SIGNATURES**

Property Owner Signature and Date \_\_\_\_\_

Property Owner Signature and Date \_\_\_\_\_

Property Owner's **Representative** Signature and Date \_\_\_\_\_

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**IMPORTANT DATES**

**Date and Time of Planning Commission Meeting:** \_\_\_\_\_ at 6:00 PM, City Hall

Annex, 109 Lane Parkway, Shelbyville, TN 37160.

**For Office Use Only**

**Date Application Received:**

**Amount of Fee Received:**

**Planning Commission Resolution No.:**

**Status:**

**City Council Ordinance No.:**

**Status:**

**Notification Letter Sent to Property Owner(s):**