Submittal to Town of Thompson's Station

Re – Zoning Request

Applicant Information: (Please print)

Company / Business Name: ____

Contact: __________________________ Phone # 1: ______________________

Address (city, state, zip): ____

E-mail: ___________________________ Phone # 2: ______________________

Parcel / Property Information:

Owner Name: ________________________________

Parcel Address: ____

Tax Map & Parcel #: _____________ Deed Book & Page #: _______________

$$$

Requesting Re-Zone from ___________________ to ___________________

Submittal Fee = $ 250.00

Check # __________

Date Paid: __________________ Received by: ____________________