



**CITY OF MANCHESTER, TENNESSEE**

**DEPARTMENT OF HEALTH AND CODE**

200 W. Fort Street  
Manchester, TN 37355  
931-723-1464  
Fax: 931-728-8296

**REZONING APPLICATION**

**FEE: \$200**

**DATE:** \_\_\_\_\_

**MEETING DATE:** \_\_\_\_\_

**CASE #:** \_\_\_\_\_

**TIME OF MEETING: 5:30 P.M.**

**APPROVAL**

**LOCATION: CITY HALL MEETING ROOM**

**DISAPPROVAL**

**NO ACTION TAKEN**

**MANCHESTER PLANNING COMMISSION**

Name of Property Owner: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby request to the Planning Commission:

Rezoning \_\_\_\_\_ to \_\_\_\_\_

Intended Use: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Property Tax Map No: \_\_\_\_\_ Group: \_\_\_\_\_ Control Map: \_\_\_\_\_ Parcel No. \_\_\_\_\_

Is this property in a Flood Hazard Area per FIRM Map No. 470035- \_\_\_\_\_

Map Revised: March 4, 1988

Note: \_\_\_\_\_

I do hereby, certify that the information given above is accurate/correct to the best of my knowledge

\_\_\_\_\_  
Signature of Owner/Authorized Agent

Rezoning instruction sheet received

Site Plan checklist received