

**APPLICATION TO AMEND THE ZONING MAP AND/OR
ZONING ORDINANCE
OF THE CITY OF COVINGTON**

Location of Property:

- A. Legal Description (Please Attach)
- B. Street Address: _____
- C. Area in Acres: _____ Map# _____ Parcel# _____
- D. Map of Property (Please attach a scaled drawing)

Applicant:

Name: _____
Address: _____
Phone: _____ Alt Phone: _____

Legal Owners:

Name: _____
Address: _____
Phone: _____ Alt Phone: _____

Present Zoning Classification: _____
Proposed Zoning Classification: _____
Zoning of Surrounding Properties: _____
_____ Text Amendment Chapter _____ Section _____

The requested amendment as stated on a separate sheet is made a part of this application.
_____ Official Zoning Map Amendment

Provide description of intended use of property and a reason for request:

I hereby certify that the statements on this application and any maps, drawings or other accompanying data submitted with this application are true and correct.

Signature _____ Date _____

Date of Meeting: _____ Time: _____

Meeting Location: Covington City Hall, 200 W. Washington Ave., Covington, TN

Someone must be present at meeting to represent this application.

Granted _____ Denied _____

Application Fee: _____ Check # _____ Cash _____ Credit Card _____

Date Paid _____ Accepted By _____