

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

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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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_

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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.**

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Granted \_\_\_\_\_ Denied \_\_\_\_\_  
Application Fee: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_  
Date Paid \_\_\_\_\_ Accepted By \_\_\_\_\_