

Application for Rezoning to a Planned Unit Development and for Preliminary Master Development Plan Approval

City of Hendersonville Planning Department
101 Maple Drive North, Hendersonville, TN 37075
Phone (615) 264-5316 Fax (615) 264-5364

Project Information

Project Name	
Property Location (street and nearest cross street)	
Existing Use	Current Zoning
Map & Parcel Number	Requested Zoning

Detailed Project Information

Total Land Area	Proposed Zoning
Frontage Road	Feet of New Road
Residential Zone	Commercial/Office Zone
Land Area	Land Area
# of Lots	# of Lots
# of Units	Total Building Square Footage
Single Family	Square Feet Commercial
Multi Family	Square Feet Office
Other (specify)	Square Feet Other (specify)
Minimum Lot Size	
Open Space Area	Open Space Area

Utility Providers

Water	Gas
Sewer	Electric

Contact Information

Owner Information (if more, attach additional sheets)	Applicant (if different than owner)
Name	Name
Address	Address
City, ST, Zip	City, ST, Zip
Phone	Phone
Fax	Fax
	Relationship to owner

Office Use Only

Approved?	(Office Use Only)	
Approval Dates:	Fee \$	Date Paid
HRPC	Project Number	
BOMA 1st	:.....:	
BOMA 2nd		

I hereby certify that all the above information is true and correct and completed in accordance with the City of Hendersonville, TN Zoning Ordinance and that I have received, or retained, a copy of this application.

Date _____

Signature of Applicant _____

continued on next page

If applicant is someone other than the owner of the property or if there is more than one owner, signatures of all owners are required.

Owner Name	Mailing Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____