

# SUBDIVISION REGULATIONS DEVIATION REQUEST

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

Preliminary Plat

Final Plat

Project Information

<b>Project Name:</b>
<b>Property Location:</b>
<b>Zoning District:</b>
<b>Deviation Type:</b>
<b>Reason for Request - See Chapter 1.12.1 to address Findings of Fact (attach additional sheets if necessary):</b>

Contact Information

### Owner Information

<b>Name:</b>
<b>Address:</b>
<b>City, ST, Zip:</b>
<b>Phone:</b>
<b>Email:</b>

### Applicant (if different from owner)

<b>Name:</b>
<b>Address:</b>
<b>City, ST, Zip:</b>
<b>Phone:</b>
<b>Contact Person:</b>
<b>Email:</b>

*Please provide a letter signed by the owner designating any authorized representative.*

Office Use

<b>Action:</b>
<b>Action Date:</b>

I hereby swear and affirm that all of the above statements and information contained in all exhibits submitted with this application are true and correct.

Date \_\_\_\_\_

Owner \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_