

EAGLEVILLE PLANNING COMMISSION

108 S. Main Street, PO Box 68, Eagleville, TN 37060
Office 615-274-2922 Fax 615-274-2977

APPEAL FROM ADMINISTRATIVE DECISION APPLICATION - \$100 FEE

| | | | |
|-----------------------------|------------|---------------------|-----|
| Applicant's Name | | Date of application | |
| Applicant's Mailing Address | City | State | Zip |
| Phone Number | Fax Number | Email | |

The applicant is responsible for notifying City Hall if any contact information has changed

PLEASE COMPLETE THE FOLLOWING PROPERTY INFORMATION

| | | | |
|--|-------|--------|-----------|
| Property Owner (if different from Applicant) | | | |
| Property Address | City | State | Zip |
| Tax Map | Group | Parcel | Deed Book |
| | | | Page |

PLEASE COMPLETE THE FOLLOWING APPEALS INFORMATION:

Title of the person whose order, requirement, decision, or determination is being appealed, and the nature of the appeal:

Date in which order, requirement, decision or determination was given:

Please describe in detail why you feel the order, requirement, decision, or determination was inconsistent with the Eagleville Zoning Ordinance, and the nature of said inconsistency:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

| | | |
|-----------------------|----------------------------|------|
| Applicant's Signature | Applicant's Name (printed) | Date |
|-----------------------|----------------------------|------|

STAFF USE ONLY

| | | | |
|-------------|--------------------|-----------------|-------------|
| Accepted by | Application Number | Amount received | Receipt No. |
|-------------|--------------------|-----------------|-------------|