

INTERPRETATION APPLICATION



Washington County, Tennessee
Zoning Office
P.O. Box 219
Jonesborough, TN 37659
Zoning@WashingtonCountyTN.org

APPLICANT

Name _____ Phone _____

Email _____

Mailing Address _____ City _____ State _____ Zip Code _____

RELATION TO SPECIFIC PROPERTY Yes No *If yes, complete Property Owner(s) and Site Information*

PROPERTY OWNER(S) Same as Applicant

Name _____ Phone _____

Email _____

Mailing Address _____ City _____ State _____ Zip Code _____

SITE INFORMATION

Address _____ City _____ State _____ Zip Code _____

Civil District _____ Tax Map _____ Group _____ Parcel(s) _____

Zoning _____ Existing Use _____

INTEPRETATION DETAILS

Section(s) _____

APPLICANT INTERPRETATION (Attach additional documentation, if needed)

*By signing below, I certify that all information provided is true and correct. I agree to attend all meetings that concern this request. All applications require consideration by the Board of Zoning Appeals and must be submitted by the 15th of the month preceding the meeting date. I recognize that an **Interpretation Application Fee of \$305.00** must be submitted with this application. This application is not considered complete until the fee has been paid.*

I understand that the completion of this application does not guarantee receipt of any requested relief.

APPLICANT SIGNATURE _____ **DATE** _____

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STAFF USE ONLY

FILE # _____

MEETING INFORMATION

Washington County, Tennessee Board of Zoning Appeals (WCBZA)

Historic Courthouse, 100 E Main Street, Jonesborough, Tennessee 37659 (1st Floor Conference Room)

Date _____ Time 9:00 AM

STAFF SIGNATURE _____ DATE RECEIVED _____