

SPECIAL EXCEPTION APPLICATION



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

APPLICANT

Name _____ Phone _____

Email _____

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 _____

USE PERMITTED UPON REVIEW DETAILS

Section(s) _____

REASON FOR REQUEST (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 a **Special Exception Application Fee of \$305.00** must be submitted with this application. A site plan, visualizing the requested actions and meeting any additional requirements, must be prepared and submitted with this application. This application is not considered complete until the fee has been paid and a site plan has been submitted.*

I agree to post a sign on the requested site, visible from the nearest public right-of-way, at least ten (10) days before the meeting date and maintain the sign until all meetings are concluded. Upon completion of all meetings, the sign will be returned. Should the sign go missing, I will notify the Zoning Office immediately to obtain a replacement. 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** _____