

**BOARD OF ZONING APPEALS
APPLICATION
CITY OF CLARKSVILLE, TENNESSEE**

APPLICANT: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

LOCATION OF THE REQUEST

ADDRESS: _____

SUBDIVISION: _____ **LOT NO.:** _____

TAX PROPERTY MAP NO.: _____ **PARCEL:** _____ **ZONE:** _____

WARD NUMBER: _____

DESCRIPTION OF THE REQUEST

**USE PERMITTED ON REVIEW
(Title 11 Section 5.2.7 of the Official Zoning Ordinance)**

Applicant is requesting a Use Permitted on Review in a _____ zone to allow for a Family Day Care Home (A Family Day Care Home is specifically listed as a Use Permitted on Review in a _____ zone.). Six (6) children allowed.

REMARKS: _____

Applicant's Signature: _____

Application Received by: _____ **Date:** _____

Fee Amount: \$200.00. Deadline: 2nd Wednesday of month at noon. Check # _____ Receipt # _____
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www.cityofclarksville.com