

**MADISON COUNTY, TENNESSEE  
INNER REGION, OUTER REGION, AND/OR THREE WAY PLANNING REGION  
REZONING APPLICATION  
INSTRUCTION SHEET**

No application for a rezoning request will be accepted for filing unless it complies with all of the requirements listed below:

**1. REZONING APPLICATION REQUIREMENTS**

- a. Two copies of a completed application form;
- b. Two copies of a legal description of the acreage proposed for the zoning;
- c. Two copies of a "Statement of Justification" explaining the reasons for the requested zoning;
- d. Two copies of a location map depicting the subject property;
- e. Copies of maps, site plans, elevations, etc. that may be required by the Zoning Ordinance for the particular zoning requested and one digital Portable Document Format (PDF) file of the proposed site plan, elevations, etc.;
- f. A \$200 application fee. (Payable to the "Madison County Building Department")

No application for a text amendment to the Madison County Zoning Resolution will be accepted for filing unless it complies with all of the requirements listed below:

**2. TEXT AMENDMENT REQUIREMENTS**

- a. Two copies of a completed application form;
- b. Two copies of a "Statement of Justification" explaining the reasons for the requested text amendment and referencing the section of the Madison County Zoning Resolution to be amended.
- c. A \$200 application fee. (Payable to the "Madison County Building Department")

If there are any omissions in the application the petitioner shall have twenty-four (24) hours from the time he/she is notified of said omissions to correct them. If he/she is unable to present a corrected/completed application to the Planning Commission Staff in the time allowed, his/her petition will be rejected and should be resubmitted for the next scheduled Planning Commission meeting.

The completed application along with the application fee shall be submitted to the Jackson Regional Planning Department the first Friday of each month.

**IMPORTANT NOTE: A PRE-SUBMITTAL CONFERENCE, WITH THE APPROPRIATE PLANNER, IS REQUIRED PRIOR TO THE SUBMITTAL OF THIS APPLICATION. PLEASE CALL 731-425-8282.**

Applications can be obtained from:

City of Jackson Planning Department  
111 East Main Street, Suite 201  
Jackson, TN 38301

Phone: (731) 425-8282

FAX: (731) 927-8781

**MADISON COUNTY  
APPLICATION FOR AMENDMENT TO ZONING MAP AND/OR ZONING RESOLUTION FOR  
THE INNER REGION, OUTER REGION, AND/OR HUMBOLDT PLANNING REGION  
REZONING APPLICATION**

TO: The Madison County Commission

DATE: \_\_\_\_\_

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Name of Applicant (Owner or Agent)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_ Applicant requesting reclassification from the \_\_\_\_\_ District to the \_\_\_\_\_ District, as described in the attached property description and depicted on the attached tax map/plats, etc. and are a part of this application.

\_\_\_\_\_ Applicant requesting to amend the text of the Zoning Resolution, Article \_\_\_\_\_, Section \_\_\_\_\_.

\_\_\_\_\_ Applicant requesting to amend the text of the Madison County Zoning Resolution, Chapter \_\_\_\_\_, Section \_\_\_\_\_.

\_\_\_\_\_  
Location of Property to be rezoned

\_\_\_\_\_  
Name of Owner of Record

\_\_\_\_\_  
Address of Owner of Record

\_\_\_\_\_  
Tax Map #/Parcel #

\_\_\_\_\_  
Total Acreage/ Square Footage

**IMPORTANT NOTE: A PRE-SUBMITTAL CONFERENCE, WITH THE APPROPRIATE PLANNER, IS REQUIRED PRIOR TO THE SUBMITTAL OF THIS APPLICATION. PLEASE CALL 731-425-8282.**

Signature of Owner/Agent: \_\_\_\_\_

Address/Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Initial of Planning Staff: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_