

CITY OF LEBANON, TENNESSEE

Zoning Letter Request
Planning Department



Applicant Information:

Name of Applicant: _____ Phone No.:(required) _____
Address of Applicant: _____ Fax No.: _____
City: _____ State: _____ Zip Code: _____

To whom should the letter be addressed?

Name: _____ Phone No.: _____
Address: _____ Fax No.: _____
City: _____ State: _____ Zip Code: _____

Property Owner: _____
Property Address: _____
Tax Map: _____ Group: _____ Parcel: _____

What use needs to be verified for zoning compatibility (e.g. car lot, real estate office, etc.)

Questions to be answered by this letter (may be attached):

How would you like the letter provided?

E-mail (preferred): _____
Mailing Address: _____

A zoning verification letter will state the current zoning of a property and will include a copy of the property's zoning regulations. If Certificate of Occupancy are required, contact the City of Lebanon Building Inspection Department at 615-444-3647 ext. 2327.

Signature of Applicant

Date

Please return completed request form and \$25.00 fee (Cash or check made payable to the "City of Lebanon") to:
City of Lebanon, Planning Department
200 North Castle Heights Avenue, Suite
300 Lebanon, TN 37087

For Office Use Only

Date Received: _____ Fee Received: _____ Date Letter Provided to Requestor: _____