



Sevier County Planning and Zoning Department

227 Cedar Street ~ Sevierville, TN. 37862

Telephone: (865) 453-3882

Fax: (865) 453-5923

Required Documentation

for a

Rezoning Request

1. Completed **Rezoning Request** Application
2. Payment: Cash or check payable to **Sevier County Planning**, \$100.00 Fee

Board of Zoning Appeals Request

1. Completed **Board of Zoning Appeals Request** Application
2. Additional information as needed. (Contact the Planning Dept. for details)
3. Payment: Cash or check payable to **Sevier County Planning**, \$25.00 Fee

Zoning Letter Request

1. Completed **Zoning Letter Request** Application

(no credit or debit payments accepted)



Request Date _____

Board of Zoning Appeals Request Application

Sevier County Planning and Zoning Department
227 Cedar Street ~ Sevierville, TN. 37862
Telephone: (865) 453-3882 Fax: (865) 453-5923

Applicant Name: _____ **Phone No:** _____

Address: _____
Street City State Zip

Applicant/Owner Email: _____
(Email for contact person concerning this application)

-----Owner Information -----

Property Owner: _____ **Phone No:** _____

Address: _____
Street City State Zip

-----Property Information-----

Civil District: _____ **Tax ID:** _____
Map Group Parcel

Property Address: _____
Street City State Zip

Lot Area: _____ **Zoning District:** _____

----- BZA Request -----

Variance For: ___ Front ___ Side ___ Rear ___ Height
_____ Variance -- From: _____ To: _____

Interpretation **Other**

Describe the details and reason for the request: _____

Attach additional information or sheets if necessary

I, the undersigned being the owner of or applicant for the property described above, affirm the accuracy of the above information about the property and use described. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting the property and consent that a variance request may be considered. Any incorrect information provided causes this application and subsequent request to be null and void.

Property Owner / Applicant

Date

For Office Use Only			
BZA _____	Zoning Map # _____	TR# _____	Fee Pd. _____
			(\$25.00)
Staff Recommendation: For _____		Against _____	
BZA Action: Approved _____		Denied _____	