Rezoning Request Checklist

All the required information on this checklist must be submitted to the Gatlinburg Planning Department before the rezoning request can be placed on the Planning Commission’s Agenda. The Planning Commission meets the third Thursday of each month at 5:00 p.m., in the City Hall Council Chambers. The agenda deadline is 15 days prior to the meeting date. To partially defray the administrative cost involved in a rezoning review, the applicant shall pay a filing fee of $100.00 to the City of Gatlinburg. The applicant requesting the rezoning shall submit the following items to the Gatlinburg Planning Department:

____ 1. Completed rezoning application.
____ 2. All rezoning applications must be received (15) days prior to the date of the Planning Commission meeting at which the request is to be considered.
____ 3. Filing fee of $100.00 (Checks payable to the City of Gatlinburg).
____ 4. A rezoning notification letter to each property owner within (200) feet of all the property lines of the property being considered for rezoning, excluding R-1A Zones. All R-1A rezoning requests require rezoning notification letters to each property owner located within the entire contiguous R-1A Zone.
____ 5. A list of all property owners to whom letters are being sent along with their mailing addresses and each parcel’s tax map, group and number must be submitted with the rezoning application.
____ 6. Map(s) showing both the property being considered for rezoning and all the properties that are to receive rezoning notification letters.
____ 7. The rezoning notification letter should be consistent with the attached “Sample Rezoning Notification Letter”
____ 8. Thirteen (13) additional copies of the map(s), notification letter, and rezoning application.
____ 9. The letters shall be placed in unsealed, stamped and addressed envelopes that are ready to be mailed. Please note, the Planning Department will review the submitted letters and envelopes for accuracy and then mail them to the property owners.
____ 10. The following return address of the Planning Commission must be on the envelopes:

Gatlinburg Planning Commission  
C/O Planning Department  
P.O. Box 5  
Gatlinburg, TN 37738

The Planning Commission may request additional maps and plans or other information concerning a rezoning request if they determine the additional information is needed to complete the review. The Planning Commission will not consider any rezoning requests unless they have been properly submitted and are in conformance with all applicable requirements. Also, the Planning Commission will not have special called meetings for rezoning requests unless in the opinion of the Chairman the request is of a scope that appears to warrant such a meeting.
Date: ____________________________

Filing Fee ($100.00)

Receipt # ____________________________

Tax Map(s), Group(s), and Parcel(s)

______________________________

DEPARTMENT OF PLANNING

REZONING APPLICATION
FOR PROPOSED AMENDMENT TO THE GATLINBURG ZONING MAP

Applicant’s Name ____________________________

Mailing Address ____________________________

Telephone ____________________________

Property Owner’s Name ____________________________

Mailing Address ____________________________

Telephone ____________________________

Property Location Description (Lot Number, E-911, Address or Street Accessed From) ____________________________

Existing Zoning ____________________________ Proposed Zoning Classification ____________________________

Existing Property Use ____________________________

Proposed Property Use ____________________________

Reasons why property should be rezoned: ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Property Owner’s Consent: I/We, ____________________________, here by acknowledge and give consent that my/our property can be submitted for rezoning consideration.

Property Owner’s Signature ____________________________ Date ____________________________

Property Owner’s Signature ____________________________ Date ____________________________

Please submit this application along with all the required items on the attached rezoning request checklist to the Gatlinburg Planning Department.

TO BE COMPLETED BY PLANNING STAFF

Date received by Gatlinburg Planning Staff ____________________________

Date rezoning application is to be considered by the Planning Commission ____________________________

Date rezoning notification letters were mailed to adjacent property owners ____________________________

City of Gatlinburg ‘ Planning Department ‘ P.O. Box 5 ‘ Gatlinburg, TN 37738 ‘ (865) 436-7792 ‘ Fax (865) 430-1359
(Date)

Dear Property Owner:

Please accept this letter as notice of a proposed rezoning for the following property:

(Detailed Property Description - i.e., Lot Number/s and Subdivision/s, Street Address/es, Tax Map/s, Group/s and Parcel Number/s)

The property is currently zoned (Zone Classification) and the requested zone is (Zone Classification). The attached map depicts the subject property.

This request will be heard by the Gatlinburg Municipal/Regional Planning Commission on (Date), at 5:00 p.m., in the City Hall Council Room located at 1230 East Parkway.

If you have any questions or comments regarding this rezoning you may contact the Gatlinburg Planning Department at (865) 436-7792.

Sincerely,

(Applicant’s Signature)

(Type Applicant’s Name)
(Applicant’s Mailing Address)