CANNON COUNTY REGIONAL PLANNING COMMISSION

200 WEST MAIN STREET, WOODBURY, TN 37190 OFFICE: (615) 563-2320

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Applicant's Na	ime	F	APPLICATION FO	IK SPECI	AL EXCEPTION	N.			\$50 Fee			
Applicant's Mailing Address					City		State		Zip			
Phone Number Fax Number			lumber	Email		<u>l</u>						
The applicant is responsible for notifying the Planning Department if any contact information has changed.												
Property Owne	er (If different		SE COMPLETE THE FOR Applicant)	OLLOWIN	ig property inf	ORMA	ATION:					
Property Address					,		State Tennesse	ee	Zip			
Тах Мар	Group		Parcel	Size of F	Size of Parcel		d Book		Page			
Present Zoning	of Property			Present Use of Property								
A <u>Concept Plan</u> drawn to scale showing all existing and proposed buildings, septic system and field line areas, driveways, proposed parking areas, building setbacks, and any other pertinent information regarding the application must be submitted with this form. Explain <u>in detail</u> what you propose to do with this property and outline your long-term plans for the property. Staff recommends attaching an extra sheet of paper in order to provide more detail on the proposed use of the property.												
Please provide the following information. Use an additional sheet of paper, if necessary: Explain how your proposal will be designed, located, and operated so that the public health, safety and welfare will be protected:												
Explain how your proposal will not adversely affect other property in the area in which it is located:												

Explain how your proposal is located in a mar to those using the facility:	ner that is compa	atible with the surrounding area and provide safety				
THE PREMISES BENEFITED BY A SPECIAL EXCEPTI SET OUT HEREAFTER IN THIS SECTION IN ORDE	on Permit as Ma to Reduce or	SUCH OTHER CONDITIONS AND RESTRICTIONS UPON AY BE NECESSARY TO COMPLY WITH THE PROVISIONS MINIMIZE THE INJURIOUS EFFECT OF SUCH SPECIAL NDING PROPERTY AND TO BETTER CARRY OUT THE				
The following section is for accessory dv		J). Please SKIP to the next section if this is not				
Size of proposed ADU (square feet)	applicable. Size of space	of principal residence (excluding garage or utility				
Are there existing detached accessory structular lf yes, please indicate the total square footage						
Which method do you plan to use to create the An internal conversion/remodel within Add new square footage to an existing Include an ADU within a single-family, of Convert an existing, detached accessed Construct a separate, detached ADU of	nn existing, detacl single-family dwe etached dwelling ry structure.	elling. g at the time of its construction.				
Which of the two units will be the designated "	owner occupied"	unit? Principal Dwelling Accessory Dwelling				
	.	de elevations of the ADU with the primary dwelling sting/principal dwelling with regards to materials,				
	ousinesses and no e block if this is no	on-residential special exceptions. Please SKIP to the				
Do you plan to have a sign? ☐ YES ☐ NO		signs and what size(s)?				
Will you employ anyone? ☐ YES ☐ NO	If yes, how many employees will be on-site?					
Do you plan to build any new buildings? ☐ YES ☐ NO	If yes, how many and what size?					
What days and hours will your business be ope	1?					
Will business vehicles be parked on site? ☐ YES ☐ NO	If yes, how many	vehicles?				
	What type of ver	nicles?				
Is there a fire hydrant within 1,000 feet of the p If No, can a fire hydrant be installed within 1,00						
Is the parking lot to be paved? YES NO						

NOTE: Please consult with planning staff to determine if a variance from the provisions of the County Zoning Resolution will be required for your application. If a variance is required then you will need to fill out a separate variance application to be processed along with your special exception. STAFF USE ONLY: A variance application is required \$\Pi\$ YES \$\Pi\$ NO I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY										
KNOWLEDGE AND BELIEF. Applicant's Signature	Applicant's Name	(Printed)	Date							
PLEASE INITIAL THE FOLLOWING POLICY STATEMENTS TO INDICATE THAT YOU HAVE READ AND UNDERSTAND THEM: Applicant Deferral/Withdrawal Policy: If an applicant requests deferral or withdrawal after processing has begun, fees are non-refundable. Applicants requesting a deferral will be charged the cost of preparing and mailing new notices of public hearing. Applicants may not defer an application for a period exceeding three (3) months from the original Board of Zoning Appeals public hearing date of said application. Any application not considered before the three (3) month deferral timeframe will be required to submit a new application, along with any required fees, and will be subject to the regulations in effect at that time.										
			Applicants Initials							
Commission Deferment Policy: When an applicant or their representative is not present at the regularly scheduled meeting of the Board of Zoning Appeals (BZA), the BZA shall defer said application to their next scheduled meeting.										
			Applicants Initials							
Typically, special exception applications require site inspections and building permits upon approval. All buildings must comply with applicable building codes and the American Disabilities Act (ADA) for handicap accessibility.										
			Applicants Initials							
The Board, its members, and employees, in the performance of its work, may enter upon any land within its jurisdiction and make examinations and surveys and place or remove public notices as required by this ordinance.										
			Applicants Initials							
CHECKLIST Before we can accept your special exception application, please make sure you have all the items listed below:										
A completed application.										
A copy of the deed to the prope	erty.	A concept	plan drawn to scale.							
A Letter of Attorney-in-Fact if sub anyone other than the current la	•	□ \$50 applicates	ation fee.							
Accepted by	317(11 00	Application Numb	er							