RUTHERFORD COUNTY REGIONAL PLANNING COMMISSION

One South Public Square, Room 200, Murfreesboro, Tennessee 37130

OFFICE 615.898.7730

Payment must be paid at the time of submitting the application.

Please call our office to make your payment

or bring payment to our office with the application. **No refunds** will be given for any reason.

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APPEALS FROM ADMINISTRATIVE DECIS Applicant's Name					Date of application \$250 Fee			
Applicant's Mailing Address			City		State		Zip	
Phone Number Fax Number				Email				
The applicant is re	esponsible for no	otifying the Plani	ning Depo	artment if any c	ontact info	rmation h	nas changed.	
Property Owner (If diff		OMPLETE THE FOI licant)		PROPERTY INFO				
Property Address		City		State Tenn	essee	Zip		
Тах Мар	·	Parcel		Deed Book		Page		
	PLEASE C	OMPLETE THE FC	LLOWINC	APPEALS INFO	RMATION:			
Name of the Department whose order, requirement, decision, or determination is being appealed, and the nature of the appeal:								
Date in which order, requirement, decision or determination was given:								
Please describe in d with the Rutherford	County Zoning	, Ordinance, ai	nd the n	ature of said ir	nconsisten	cy:		
I hereby certify that	the information		and belief	•		ne best o	f my knowledge	
Applicant's Signature		Applicant's No	ame (Prin .FF USE OI	,	Date			
Accepted By		Application N			Receipt nu	ımber		