



**City of Murfreesboro**  
**Planning and Engineering Department**  
 111 W. Vine Street, P.O. Box 1139  
 Murfreesboro, TN 37133-1139  
 (615) 893-6441 Fax (615) 849-2606  
 www.murfreesborotn.gov

*Creating a better quality of life*

|  |                 |
|--|-----------------|
| Zoning & Rezoning Applications – other than rezoning to planned unit development | <b>\$700.00</b> |
| Zoning & Rezoning Applications – Planned Unit Development, initial or amended    | <b>\$950.00</b> |

**Procedure for applicant:**

The applicant must submit the following information to initiate a rezoning:

1. A completed rezoning application (below).
2. A plot plan, property tax map, survey, and/or a legal description of the property proposed for rezoning. (Please attach to application.)
3. A non-refundable application fee (prices listed above).

For assistance or questions, please contact a planner at 615-893-6441.

**To be completed by applicant:**

**APPLICANT:** \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

Street Address or property description: \_\_\_\_\_

and/or Tax map #: \_\_\_\_\_ Group: \_\_\_\_\_ Parcel (s): \_\_\_\_\_

Existing zoning classification: \_\_\_\_\_

Proposed zoning classification: \_\_\_\_\_ Acreage: \_\_\_\_\_

Contact name & phone number for publication and notifications to the public (if different from the applicant): \_\_\_\_\_

E-mail: \_\_\_\_\_

APPLICANT'S SIGNATURE (required): \_\_\_\_\_

DATE: \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

**Date received:** \_\_\_\_\_ **MPC YR.:** \_\_\_\_\_ **MPC #:** \_\_\_\_\_

**Amount paid:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_