



ANNEXATION APPLICATION

Non-Refundable Application Fee: \$100.00

APPLICANT INFORMATION (Property Owner)		Date:	
Last Name:		First Name:	
		M.I.	
Street Address:		City:	State/Zip:
Phone:		Email:	
PROPERTY INFORMATION			
<i>Tax Map Information</i>	Tax Map:	Group:	Parcel:
Lot No.:			
Street Address:			
Current Zone:		Current Use:	
Proposed Use after Annexation:			

REASONS FOR REQUEST:

DISCLAIMER AND SIGNATURE

By signing below I state that I have read and understood the conditions of this application and have been informed as to the location, data and time of the meeting in which the Planning Commission will review my application. I further state that I am/we are the sole and legal owner(s) of the property described herein and that I am/we are requesting that the Town of Greeneville annex the above listed property into its city corporate limits

Signature: _____ | **Date:** _____

Signed before me on this _____ day of _____, 20____,

a notary public for the State of _____

County of _____

Notary: _____

Expiry date of commission: _____

FOR STAFF USE ONLY

Application No.: _____ Date Received: _____ Fee Paid: _____

Date study completed _____ Date of Development Review Committee Meeting: _____

Planning Commission: Date: _____ Decision: _____

BMA First Reading: Date: _____ Decision: _____

BMA Public Hearing: Date: _____ Decision: _____