



DEPARTMENTAL & PERMIT PRIORITY REVIEW REQUEST FORM

Applicant Information

Developer (Entity name): _____ Date: _____

Development Address: _____ Parcel Number: _____
Street Address

City _____ State _____ ZIP Code _____

Primary Contact Name: _____ Phone: _____ Email _____

Additional Parties for Letter

GC Entity: _____ Architect Firm: _____

Engineer Firm: _____ Other Party: _____

Project Type: Single-family and two-family uses Multi-family uses less than 3 stories Multi-family uses (3 to 6 stories) Multifamily uses (≥7 stories)
 Rental For-sale

% of Units and MHI breakdown: Total # Units _____ # Units 61-80% MHI _____
Units 0-60% MHI _____ # Units 81-100% MHI _____

Have you been awarded Barnes funding for this project? YES NO

If yes, please provide the associated Council resolution number. _____

If you are not a Barnes Fund grantee, are you participating in another income-based affordable housing program? YES NO

If yes, please provide the name of the program and attach documentation. _____

Have you read and do you understand the Guidelines for receiving departmental and permit priority review? YES NO



Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please submit as a PDF to MetroHousing@Nashville.Gov. Subject: Priority Review Request and allow 3 business days for processing and response. The Metro Housing Division reserves the right to request additional documentation.