Metropolitan Nashville Planning Department

Metro Office Building
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P.O. Box 196300
Nashville, TN 37219-6300
www.nashville.gov/mpc

Voice: 615.862.7190
E-mail: planningstaff@nashville.gov

Historic Overlay Application

The METROPOLITAN COUNCIL requires all information shown on the checklist below. You are required to notify the district councilmember and Council office about your zone change application, prior to submitting it to the Planning Dept.

Checks should be made payable to "Metropolitan Government."

Application No. _____
(Assigned by Planning Department staff)

Date Submitted:_____

Associated cases: □ PUD □ General Plan Amendment □ Subdivision □ Mandatory Referral

Map	Parcel(s) If portion, use "part of parcel...."	Current Zoning	Requested Zoning	# of Acres
			Total Acres	

Type of Overlay Request?   □ Conservation   □ Preservation   □ Landmark   □ Cancel

Type of Historic B&B Request: □ New   □ Cancel

CONTACT INFORMATION

NOTE: All correspondence will be e-mailed to both the property owner and applicant. If the property is owned by a corporation, LLC, LLP, company, etc. then you'll need to submit a letter on company letterhead or documentation that the individual is authorized to act on behalf of the entity with regard to this particular application. *You must fill-in all information --- fields are not optional.*

PROPERTY OWNER #1
Property Owner's
Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ □ business □ home □ cell

Phone: _____ □ business □ home □ cell

E-mail: _____

**Owner
Signature:** _____

Print Name: _____

PROPERTY OWNER #2
Property Owner's
Name : _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ □ business □ home □ cell

Phone: _____ □ business □ home □ cell

E-mail: _____

**Owner
Signature:** _____

Print Name: _____

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APPLICANT

Applicant's
Name: _____

Company
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ □ business □ home □ cell

Phone: _____ □ business □ home □ cell

E-mail: _____

Applicant
Signature: _____

Print Name: _____

Per Resolution RS2019-1788, I certify that I have notified the
Metropolitan Council Office and the district Councilmember of
this request. The attached email is documentation of said
notification.

Initial: _____

Checklist

_____ Application filled-out completely

_____ Authorization letter on company letterhead for corporation, LLC, LLP

_____ Map showing property to be rezoned

_____ Application fee

_____ Proof of being current in payment of all property taxes

Application Fees	
Type	Fee
Historic Overlay or Historic Bed & Breakfast New/Cancellation	$1,400

Accepted by:_____ Date: _____

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