



TOWN OF SHANNON

ZONING APPLICATION

Rezoning | Special Exception | Variance

225 Broad Street, Shannon, MS 38868

Phone (662) 767-9747

Select each action requested. The listed fee applies to each selected action.

☐

REZONING

\$100

Change the zoning district assigned to the property.

☐

SPECIAL EXCEPTION \$50

Request a use requiring case-by-case approval.

☐

VARIANCE

\$50

Request limited relief from a dimensional standard.

Application fee(s) are due when filed. Filing does not guarantee approval.

1

APPLICANT AND OWNER INFORMATION

Applicant name *

Applicant's relationship to property

Applicant mailing address *

City, state and ZIP *

Phone *

Email *

Property owner name (if different)

Owner phone

Owner email

Property owner mailing address (if different)

2

SUBJECT PROPERTY

Street address or property location *

Tax map / parcel number *

Property size (acres)

Current zoning district *

Owner of record

Subdivision / lot

CONTINUE TO PAGE 2

Identify the requested action and provide the supporting explanation.



3 REQUESTED ACTION

If rezoning: requested zoning district

If special exception: proposed use

If variance: ordinance standard and amount of relief requested

4 STATEMENT OF REQUEST

Explain exactly what is proposed, why the request is needed, and how the property will be used.

Description and purpose of request *

How is the request consistent with the comprehensive plan and the character of the area?

Describe expected effects on neighboring property, traffic, utilities, drainage, and public services.

CONTINUE TO PAGE 3

Complete the request-specific information, checklist, and certification.



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5 APPLICATION-SPECIFIC INFORMATION

Complete the statement that applies to the selected request. Attach additional pages when needed.

Special exception: explain how the applicable ordinance conditions and safeguards will be satisfied.

Variance: identify the unique property condition and explain the practical difficulty or unnecessary hardship.

6 SUPPORTING DOCUMENTS

Check each item included. Staff may request additional material needed to evaluate the application.

- | | |
|---|--|
| ☐ Site plan or survey showing property lines, structures, parking and access | ☐ Legal description and parcel information |
| ☐ Owner authorization when applicant is not the owner | ☐ Property photographs or supporting exhibits |
| ☐ Additional narrative or plans | ☐ Required application fee |

7 CERTIFICATION

I certify that the information in this application and its attachments is true and correct to the best of my knowledge. I understand that the burden of demonstrating compliance with the applicable zoning ordinance and approval criteria rests with the applicant. I authorize municipal officials and their representatives to review the property as reasonably necessary to evaluate this request.

Applicant / owner signature *

Date *

FOR OFFICE USE ONLY

File number

Date received

Hearing date

Fee received

Accepted by

Decision / action