



City of Clinton
Codes Enforcement Department

100 N. Bowling St. Clinton, TN 37716
Phone: 865.259.1180 ● Email: codes@clintontn.net

APPLICATION FOR CITY OF CLINTON HISTORIC BOARD REVIEW

Applicant: _____ Phone #: _____

Address: _____

Applicant Email Address: _____

PROPERTY ADDRESS: _____ Clinton, TN 37716; Zone: _____

Legal Description: Tax Map _____ Group _____ Parcel _____ Lot/acre _____ Block _____

PROPERTY OWNER (if different from applicant): _____ Phone#: _____

Owner Address: _____

Owner Email Address: _____

Ten (10) Copies of Supporting Documents - Additionally (1 .pdf)

Based on the powers and jurisdiction of the Historic Board of Appeals as set out in Chapter 11, Section 14-1103 of the Clinton Zoning Ordinance, I the undersigned am hereby requesting the following action:

Description: _____

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the duly adopted rules, regulations, or policies of the City of Clinton and the State of Tennessee. I further understand that the Historic Board of Appeals will not consider my application unless my proxy or I are present. If I fail to attend two consecutive meetings or willfully withdraw, my application will be removed from the agenda and I must submit a new application with applicable fees.

Signature: (applicant) _____ Date: _____

Completed Application with required documents: Received By: _____ Date: _____

Meeting Date: _____ Meeting Time: _____ Amount Paid: **\$100.00** Receipt #: _____

Date Fee Paid: _____ Check #: _____ Cash: _____ **Revenue Code: 110-32660**