



Zoning Certification Letter Request

BUILDING AND NEIGHBORHOOD SERVICES
Phone: 615-794-7012 Fax 615-591-9066

Zoning Certification Letter Request

Applicant/Contact Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parcel ID: _____ Phone: _____

Fax or E-Mail for completed letter:

Purpose of requested letter:

Information requested (circle all that apply):

- Zoning district
- Parcel ID
- Adjacent zoning
- Permitted uses
- Copy of CO
- Code Violations
- Building permit history

Additional information requested (please be specific):

Fax or e-mail this completed form to 615-591-9066 or mollyp@frankltn.gov. Please allow up to 10 business days for processing.



Let us know how we are doing! Help us improve by filling out a BNS Customer Service Survey. Use the QR link above to visit our web survey, or go directly to our website at www.frankltn.gov.