

REQUEST FOR ADDITIONAL RESIDENTIAL UTILITY METER(S)
AG & RS ZONING CLASSIFICATIONS FOR
(Arlington)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Existing Structure (example: single dwelling to duplex, triplex, etc.)

Proposed Structure (example: guest house, pool house, garage, etc.)

Describe the type and use of the structure in question and the use of other structures on the lot:

Please forward to: Town of Arlington
Attn: Angela Reeder, AICP, Town Planner
Office: (901) 867-3449 Fax: (901) 867-2638
areeder@townofarlington.org

***** For Zoning Use Only *****

Verified Reason: _____

Not Verified Reason: _____

Zoning Rep. Signature: _____ Date: _____

Print Name: _____ Existing Zoning _____

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MLGW Contact: _____ Phone #: _____

Note to City of Arlington:
Send completed form to MLGW-Land and Mapping-Address Assignment
Email: Address.assignment@mlgw.org
or Fax: 729-8605