



CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

APPLICATION FOR SITE PLAN APPROVAL

(for office use only)

DATE RECEIVED: _____

CASE NUMBER: _____

FEE AMOUNT PAID: \$

METHOD OF PAYMENT:

CASH CREDIT/DEBIT CHECK#: _____

RECEIPT #: _____

1. NAME OF DEVELOPMENT: _____

2. LOCATION/ADDRESS: _____

ZIP CODE: _____

3. CITY or COUNTY

4. PRESENT ZONING CLASSIFICATION: _____ CIVIL DISTRICT: _____

5. PROPOSED USE: _____

TAX MAP #: _____ PARCEL: _____ ACRES: _____

BLDG SQ FOOTAGE: _____ # OF UNITS: _____

6. APPLICANT: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____

7. AGENT'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____

8. ENGINEER'S NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

9. ADDITIONAL REQUIRED DOCUMENTS:

4 COPIES OF SITE PLAN

PDF VERSION OF PLAT

APPLICANT'S SIGNATURE: _____ DATE: _____