

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_  
CASE NUMBER: \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

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**CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION  
APPLICATION FOR SUBDIVISION PLAT APPROVAL**

SUBDIVISION NAME/TITLE OF PLAT:

\_\_\_\_\_  
\_\_\_\_\_

TYPE OF PLAT:

FINAL: \_\_\_\_\_ PRELIMINARY: \_\_\_\_\_ OTHER: \_\_\_\_\_

NUMBER OF ACRES: \_\_\_\_\_ NUMBER OF LOTS: \_\_\_\_\_ CIVIL DISTRICT: \_\_\_\_\_

TAX MAP NO.: \_\_\_\_\_ PARCEL NO.: \_\_\_\_\_ ZONING OF PROPERTY: \_\_\_\_\_

GENERAL LOCATION OF PROPERTY:

\_\_\_\_\_  
\_\_\_\_\_

VARIANCES REQUESTED AND REASON FOR REQUEST:

\_\_\_\_\_  
\_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE OF OWNER: \_\_\_\_\_

AGENT'S USE ONLY-  
SIGNATURE & TITLE: \_\_\_\_\_

PROJECT ENGINEER: \_\_\_\_\_

OTHER REQUIRED INFORMATION:

- (1) 15 COPIES OF PLAT
- (2) FILING FEE \_\_\_\_\_