

OFFICE USE ONLY:

DATE RECEIVED: _____
CASE NUMBER: _____
RECEIPT # _____

**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 _____