



CLARKSVILLE-MONTGOMERY COUNTY REGIONAL PLANNING COMMISSION

329 MAIN STREET; CLARKSVILLE TN 37040

PHONE: 931-645-7448 FAX: 931-645-7481

Date Received: _____ Case Number _____ - _____ - _____

Application for Landscape Plan Review

Type of Plan Review: New Revised

Development Name: _____ Development Type: _____

Address _____

Tax Plat # _____ Parcel # _____ Civil District _____

Total Site Acreage _____ Zoning _____ Zoning Case Number _____ - _____ - _____

Site Review Case: _____ - _____ - _____ Subdivision Case: _____ - _____ - _____

Building New Addition Auxiliary Proposed Building SF _____

Parking New Addition Auxiliary Proposed Number of Parking Spaces _____

Proposed VUA SF _____ Irrigation Compliance: Irrigation System Hose Bibbs

Impervious Surfaces % _____ Impervious Surfaces SF _____

Check recipients to receive comments: Owner Developer Engineer/Designer Landscape Architect/Designer

Owner Information: Firm: _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

Developer/Applicant Information: Firm: _____

Name _____

Address _____

Phone _____ Fax: _____

Mobile _____

Engineer Information: Firm: _____

Name: _____

Address: _____

Phone: _____ Fax _____

Mobile: _____ PE Designer

Landscape Architect Information: Firm: _____

Name _____

Address _____

Phone _____ Fax _____

Mobile _____ RLA Designer

Applicant Name _____

Applicant Signature _____ Date: _____