

OFFICE USE ONLY: _____

DATE RECEIVED: _____

CASE NUMBER: _____

**CLARKSVILLE-MONTGOMERY COUNTY REGIONAL
PLANNING COMMISSION APPLICATION FOR ONE AND TWO
LOT MINOR PLAT APPROVAL**

MINOR PLAT TITLE: _____

TYPE OF PLAT: _____

NUMBER OF ACRES: _____ NUMBER OF LOTS: _____ CIVIL DISTRICT: _____

TAX MAP NO.: _____ PARCEL NO.: _____ ZONING OF PROPERTY: _____

GENERAL LOCATION OF PROPERTY: _____

NAME OF OWNER: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE OF OWNER/OR
AGENT OF APPLICANT: _____

AGENTS USE ONLY -
PRINT NAME & TITLE: _____

PROJECT ENGINEER: _____

OTHER REQUIRED INFORMATION:

(1) \$110.25 FILING FEE FOR MINOR
PLAT
\$220.50 FILING FEE FOR REPLAT
RECEIPT NUMBER: _____