

(FOR OFFICE USE ONLY)

RECEIVED _____

CASE NUMBER _____

FEE PAID _____

PAYMENT TYPE: CASH _____ CHECK _____

RECEIPT # _____

**CLARKSVILLE-MONTGOMERY COUNTY
REGIONAL PLANNING COMMISSION**

APPLICATION FOR SITE PLAN APPROVAL

1 NAME OF DEVELOPMENT: _____

2. LOCATION: _____

PRESENT ZONING: _____ CIVIL DISTRICT: _____

3. PROPOSED USE: _____

ACRES: _____ PROPERTY TAX MAP NO. _____ PARCEL _____

4. APPLICANT: _____

ADDRESS: _____

5. AGENT'S NAME: _____

ADDRESS: _____

TELEPHONE: _____

OWNER'S SIGNATURE: _____

AGENT'S SIGNATURE: _____

6. ENGINEER'S NAME: _____

ENGINEER'S ADDRESS: _____

PHONE NUMBER: _____