

OFFICE USE ONLY:
DATE RECEIVED:
CASE NUMBER:

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

SUBDIVISION NAME/TITLE OF PLAT:

PLAT INFORMATION:

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 APPLICANT: _____

ADDRESS: _____

TELEPHONE: _____

**SIGNATURE OF OWNER/OR
AGENT OF APPLICANT:** _____

**AGENTS USE ONLY-
SIGNATURE & TITLE:** _____

PROJECT ENGINEER: _____

OTHER REQUIRED INFORMATION:

- (1) 13 COPIES OF PLAT
- (2) FILING FEE