CLARKSVILLE-MONTGOMERY COUNTY
REGIONAL PLANNING COMMISSION

APPLICATION FOR SITE PLAN APPROVAL

EMAIL COMPLETE APPLICATION AND ASSOCIATED PDF PLANS TO
RPC.PLANS@CITYOFCLARKSVILLE.COM

(for office use only)

DATE RECEIVED: _____

CASE NUMBER: _____

FEE AMOUNT PAID: $ _____

METHOD OF PAYMENT:

☐ **CASH** ☐ **CREDIT/DEBIT** ☐ **CHECK#:** _____

RECEIPT #: _____

1. **NAME OF DEVELOPMENT:** _____
2. **LOCATION/ADDRESS:** _____

   _____ **ZIP CODE:** _____
3. ☐ **CITY or** ☐ **COUNTY**
4. **PRESENT ZONING CLASSIFICATION:** _____ **CIVIL DISTRICT:** _____
5. **PROPOSED USE:** _____

   _____

   TAX MAP #: _____ **PARCEL:** _____ **ACRES:** _____

   BLDG SQ FOOTAGE: _____ **# OF UNITS:** _____
6. **APPLICANT:** _____

   ADDRESS: _____ **ZIP CODE:** _____

   PHONE NUMBER: _____
7. **AGENT'S NAME:** _____

   ADDRESS: _____ **ZIP CODE:** _____

   PHONE NUMBER: _____
8. **ENGINEER'S NAME:** _____

   ADDRESS: _____ **ZIP CODE:** _____

   PHONE NUMBER: _____ **EMAIL:** _____
9. **ADDITONAL REQUIRED DOCUMENTS:**

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   ☐ **4 COPIES OF SITE PLAN**

   ☐ **PDF VERSION OF PLAT**

   ☐ **IF PROJECT WILL ACCESS ON A STATE ROUTE PROOF IS REQUIRED (IN THE FORM OF AN EMIAL FROM TDOT REGION 3) THAT THE APPLICANT MET PRIOR TO SUBMISSION WITH THE RPC.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____