

**APPLICATION FOR CITY OF CLINTON PLANNING COMMISSION**

Applicant: \_\_\_\_\_ Phone# : \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone#: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Property Information:**

Tax Map: \_\_\_\_\_ Group: \_\_\_\_\_ Parcel: \_\_\_\_\_ Lot/acre: \_\_\_\_\_ Zone: \_\_\_\_\_

**Site Plan Review: (12 Copies Required)**

B-1 Site Plan(\$40) \_\_\_ B-2 Site Plan(\$40)\_\_\_ B-3 Site Plan (\$40)\_\_\_ Other(\$40)\_\_\_\_\_

B-4 Site Plan(\$40)\_\_\_ M-1 Site Plan(\$40)\_\_\_ M-2 Site Plan (\$65)\_\_\_ Rezoning (\$40)\_\_\_

Planned Unit Developments (PUD)(\$40)\_\_\_\_\_ Condominium (PUD)(\$80)\_\_\_\_\_

**Subdivision Review: (12 Copies Required)**

Preliminary(\$40)\_\_\_\_\_ Final (\$20)\_\_\_\_\_ Informal Consultation(N/C)\_\_\_\_\_

Description: \_\_\_\_\_

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the duly adopted rules, regulations, or policies of the City of Clinton and the State of Tennessee. I further understand that the Planning Commission will not consider my application unless my proxy or I are present. If I fail to attend two consecutive meetings or willfully withdraw, my application will be removed from the agenda and I must submit a new application with applicable fees.

\_\_\_\_\_  
Signature: (applicant)

\_\_\_\_\_  
Date:

Received By: \_\_\_\_\_

Date \_\_\_\_\_

Meeting Date: \_\_\_\_\_ Meeting Time: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date Paid Fee: \_\_\_\_\_ Check No. \_\_\_\_\_ Cash: \_\_\_\_\_

Deadlines are the last Monday of the month. Meetings are held the second Monday of the month.