

CITY OF SHELBYVILLE, TENNESSEE

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

**MIXED USE
PLANNED UNIT DEVELOPMENT APPLICATION**

PLEASE NOTE: Failure to complete the process below will result in an incomplete application. Applications will not be considered until all items are submitted timely.

A complete application consists of the following submitted to the PCD Department in accordance with the approved Submittal Calendar to be placed on the current month’s agenda:

1. Completion of this application;
2. Adherence to the provisions governing Planned Unit Developments in the current effective Zoning Ordinance; and
3. Application fee submitted via cash or check to the City of Shelbyville. Please make checks payable to the City of Shelbyville.

Property Owners of Record: Please note that all property owners of record must be denoted below. If there are additional Owners of Record, please provide their information on another sheet and attach to this application. Married individuals may be listed on this form as one property owner.

Name: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____

PROPERTY OWNER’S REPRESENTATIVE – This person shall serve as the applicant on behalf of the Property Owner(s) listed on this application. This person shall serve as the City of Shelbyville’s primary contact during the review process. The Property Owner(s) agree that this person shall have the full authority to speak to and make representations to City staff about the project on behalf of the Property Owner(s).

Name: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____

Property Information

Property Address (if not numbered, nearest major cross streets): _____

Tax Map and Parcel Number(s): _____

Total Acreage of Property: _____

Current Total Lot Coverage: _____

Current Zoning of Property: _____

¹Utility Providers (*Check All That Apply*): SPWS BCUD DRE Atmos

Current Use of Property (*Check One*): Residential Commercial Industrial Vacant

Planned Unit Development Project Information

Combination Plat Required? _____ **Phased Project?** _____

1. Proposed Acreage for Commercial: _____

a. General Description of Commercial Activity: _

2. Proposed Acreage for Residential: _____

a. General Description of Residential Density and Type:

3. Proposed Acreage for Industrial: _____

4. Indicate type of Industrial Activity (heavy manufacturing, distribution, warehousing, etc.)

¹ SPWS: Shelbyville Power, Water, and Sewerage

BCUD: Bedford County Utility District

DRE: Duck River Electric

REQUIRED SIGNATURES

Property Owner Signature and Date _____

Property Owner Signature and Date _____

Applicant's Representative Signature and Date _____

IMPORTANT DATES

✓ **Preliminary Concept Meeting:** _____ at _____

Recreation Centre, Meeting Room B, 220 Tulip Tree Road

✓ **Pre-Planning Meeting** (within 90 days of Preliminary Concept Meeting): _____ at

2:00 PM, Recreation Centre, Meeting Room B, 220 Tulip Tree Road

✓ **Planning Commission Meeting:** _____ at 6:00 PM

Recreation Centre, Meeting Room B, 220 Tulip Tree Road

For Office Use Only

Date Application Received:

Amount of Fee Received:

Date Fee Received:

Date of Neighborhood Meeting:

Date of City Council Meeting: