

CITY OF SHELBYVILLE
DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
SUBDIVISION 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 form;
2. Submittal of application materials, including 5 hard copies of the plat and electronic copy of the same, emailed in PDF format to actingplanningdirector@shelbyvilletn.org
3. Application fee submitted to the City of Shelbyville.

Application Type

_____ Major Subdivision
_____ Minor Subdivision

_____ Shifting Lot Lines
_____ Combination Plat

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.

Property Owner Name: _____

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

Phone Number: () _____ Email: _____

APPLICANT'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).

Applicant's Representative: _____

Complete Physical Address: _____

Phone Number: () _____ Email _____

PROPERTY INFORMATION

Property Address (or nearest major cross streets): _____

Tax Map and Parcel Number(s): _____

Total Acreage of Property: _____ Zoning of Property: _____

Current Use of Property: _____

Utility Providers (circle all applicable): SPWS BCUD DRE Atmos

REQUIRED SIGNATURES

Property Owner Signature and Date _____

Property Owner Signature and Date _____

Property Owner's **Representative** Signature and Date _____

IMPORTANT DATES

Date and Time of Pre-Planning Meeting: _____ at 2:00 PM, City Hall Conference Room, 201 N/ Spring Street, Shelbyville, TN 37160.

Date and Time of Planning Commission Meeting: _____ at 6:00 PM, City Hall Annex, 109 Lane Parkway, Shelbyville, TN 37160.

For Office Use Only		
Date Application Received:		
Type of Review:	Planning Commission	Administrative
Amount of Fee Received:		
Status:		
Notification Letter Sent to Property Owner(s):		