

CITY OF JACKSON, TENNESSEE DESIGN REVIEW APPLICATION INSTRUCTION SHEET

No application for the design review will be accepted for filing unless it complies with all of the requirements listed below:

1. DESIGN REVIEW APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. One copy of a letter from the applicant describing the nature of the request;
- c. Two copies of a scaled preliminary site plan of the proposal which shows the basic layout (plus an 8 1/2 x 11 presentation copy for Planning Commission review);
- d. Two sets of architectural elevations of the sides of the building that would be viewable to the public (plus an 8 1/2 x 11 presentation copy for Planning Commission review);
- e. One sample of all exterior materials that will be used on the building;
- f. An application fee of \$100 (check payable to "City of Jackson")

If there are any omissions in the application the petitioner shall have twenty-four (24) hours from the time he/she is notified of said omissions to correct them. If he/she is unable to present a corrected/completed application to the Planning Commission Staff in the time allowed, his/her petition will be rejected and have to be resubmitted for the next scheduled Planning Commission meeting.

The completed application along with the application fee shall be submitted to the Jackson Regional Planning Department three (3) weeks prior to the scheduled Planning Commission meeting date.

NOTE: SUFFICIENT INFORMATION MUST BE NOTED ON THE PLAN INDICATING THE EXACT LOCATION OF THE SUBJECT PROPERTY. AN APPOINTMENT WITH THE APPROPRIATE PLANNER IS REQUIRED UPON SUBMITTAL OF THIS APPLICATION. CALL 731-425-8282.

Applications can be obtained from: City of Jackson Planning Department
111 East Main Street, Suite 201
2nd Floor
Jackson, TN 38301

Phone: (731) 425-8282

FAX: (731) 425-8281

**CITY OF JACKSON
APPLICATION FOR DESIGN REVIEW BY PLANNING
COMMISSION**

TO: The Jackson Municipal Regional Planning Commission DATE: _____

APPLICANT INFORMATION:

Name of Proposed Development

Name of Applicant (Agent/Developer)

Address (Agent/Developer)

Phone

City

State

Zip Code

Location of Proposed Development

Name of Owner of Record

Address of Owner of Record

Tax Map #/Parcel #

Total Acreage

of Lots

Zoning

NOTE: SUFFICIENT INFORMATION MUST BE NOTED ON THE SITE INDICATING THE EXACT LOCATION OF THE SUBJECT PROPERTY. AN APPOINTMENT WITH THE APPROPRIATE PLANNER IS REQUIRED UPON SUBMITTAL OF THIS APPLICATION. CALL 731-425-8282

Signature of Owner/Agent: _____

Address/Telephone #: _____

Initial of Planning Staff: _____

Date: _____