



## JACKSON MUNICIPAL REGIONAL PLANNING COMMISSION FINAL PLAT APPLICATION INSTRUCTION SHEET

No application for a final plat will be accepted for filing unless it complies with all of the requirements listed below:

### 1. FINAL PLAT APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. Three (3) full-size copies of the final plat, as defined in the Subdivision and Land Development Regulations for the City of Jackson, Tennessee and Planning Region;
- c. One 8 ½ x 11 copy of the final plat;
- d. One digital AutoCAD copy of the proposed final plat;
- e. One digital Portable Document Format (PDF) file of the proposed final plat;
- f. A \$100 application fee. (Payable to the "City of Jackson")
- g. A \$125 review fee for the proposed final plat if it is located within the corporate limits of the City of Jackson. (Payable to the "City of Jackson")
- h. A \$75 review fee for the revised final plat if it is located within the corporate limits of the City of Jackson. (Payable to the "City of Jackson")
- i. A \$275 review fee for proposed final plat if it is located in the county (Inner Region). (Payable to the "City of Jackson")
- j. A \$75 review fee for the revised final plat if it is located in the county (Inner Region). (Payable to the "City of Jackson")

The completed application along with the application fee and review fee shall be submitted to the Jackson Municipal Regional Planning Commission the first Friday of the month that follows any regularly scheduled Planning Commission meeting date.

**NOTE: A PRE-APPLICATION CONFERENCE WITH PRINCIPAL PLANNER, KEITH DONALDSON, IS REQUIRED BEFORE SUBMITTAL OF THIS APPLICATION. TO MAKE AN APPOINTMENT PLEASE CALL 731-425-8275 OR EMAIL AT [kdonaldson@cityofjackson.net](mailto:kdonaldson@cityofjackson.net)**

Applications can be obtained from: City of Jackson Planning Department  
111 East Main Street  
Suite 201 (2<sup>nd</sup> Floor)  
Jackson, TN 38301  
Or visit our website: [www.cityofjackson.net](http://www.cityofjackson.net)

Phone: (731) 425-8275  
FAX: (731) 927-8781



**JACKSON MUNICIPAL REGIONAL PLANNING COMMISSION  
APPLICATION FOR FINAL PLAT REVIEW**

**APPLICATION DATE:** \_\_\_\_\_

**APPLICANT INFORMATION:**

\_\_\_\_\_  
**Name of Proposed Final Plat**

\_\_\_\_\_  
**Name of Applicant (Owner or Agent)**

\_\_\_\_\_  
**Address** **Phone**

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Location of Proposed Final Plat**

\_\_\_\_\_  
**Name of Owner of Record**

\_\_\_\_\_  
**Address of Owner of Record**

\_\_\_\_\_  
**Tax Map #/Parcel #** **Total Acreage** **# of Lots** **Zoning**

- City**  **Inner Region**  **Outer Region**  
 **Revised**  **Resubmittal**

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**Signature of Owner/Agent:** \_\_\_\_\_

**Print Name of Owner/Agent:** \_\_\_\_\_

**Address/Telephone #:** \_\_\_\_\_  
\_\_\_\_\_

**Submittal Date:** \_\_\_\_\_