

# **CITY OF THREE-WAY, TENNESSEE SCHEMATIC PLAT APPLICATION INSTRUCTION SHEET**

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

## **1. SCHEMATIC PLAT APPLICATION REQUIREMENTS**

- a. One copy of a completed application form;
- b. Three copies of a completed schematic plat, as defined in the Subdivision Regulations;
- c. A \$125 application fee. (Payable to the "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: AN APPOINTMENT WITH THE APPROPRIATE PLANNER IS REQUIRED UPON SUBMITTAL OF THIS APPLICATION. CALL 731-425-8275**

Applications can be obtained from: City of Jackson Planning Department  
111 East Main Street  
Suite 201 (2<sup>nd</sup> Floor)  
Jackson, TN 38301

Phone: (901) 425-8286  
FAX: (901) 425-8281

**CITY OF THREE-WAY  
APPLICATION FOR SCHEMATIC PLAT REVIEW**

**TO:** The Three-Way Planning Commission    **DATE:** \_\_\_\_\_

**APPLICANT INFORMATION:**

\_\_\_\_\_  
**Name of Proposed Subdivision**

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

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

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

\_\_\_\_\_  
**Location of Proposed Subdivision**

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

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

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

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SUBMITTAL OF THIS APPLICATION. CALL 731-425-8275**

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

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

**Initial of Planning Staff:** \_\_\_\_\_

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