



## THREE WAY PLANNING COMMISSION CONSTRUCTION PLAT APPLICATION INSTRUCTION SHEET

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

### 1. CONSTRUCTION PLAT APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. Four (4) full-size copies of the construction plat, as defined in the Subdivision and Land Development Regulations for the City of Three Way, Tennessee;
- c. One 8 ½ x 11 copy of the construction plat;
- d. One digital AutoCAD copy of the proposed construction plat;
- e. One digital Portable Document Format (PDF) file of the proposed Construction plat;
- f. A \$100 application fee. (Payable to the “City of Jackson”)
- g. A \$525 review fee for proposed preliminary development/schematic plat. (Payable to the “City of Jackson”)

The completed application along with the application fee and review fee shall be submitted to the Jackson Planning Department the first Friday of the month that follows any regularly scheduled Three Way 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



**THREE WAY PLANNING COMMISSION  
APPLICATION FOR CONSTRUCTION PLAT REVIEW**

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

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Name of Proposed Construction Plat

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Location of Proposed Construction Plat

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

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

\_\_\_\_\_  
Tax Map #/Parcel #

\_\_\_\_\_  
Total Acreage

\_\_\_\_\_  
# of Lots

\_\_\_\_\_  
Zoning

Revised

Resubmittal

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

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

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

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