



## THREE WAY PLANNING COMMISSION PRELIMINARY PLAT APPLICATION INSTRUCTION SHEET

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

### 1. PRELIMINARY DEVELOPMENT PLAN/SCHEMATIC PLAT APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. Seven (7) full-size copies of the preliminary plat, as defined in the Subdivision and Land Development Regulations for the City of Three Way, Tennessee and Planning Region;
- c. One 8 ½ x 11 copy of the preliminary plat;
- d. One digital AutoCAD copy of the proposed preliminary plat;
- e. One digital Portable Document Format (PDF) file of the proposed preliminary plat;
- f. Approval form from E-911 Administrative Office of acceptable street names proposed to be located within the preliminary plat;
- g. A \$100 application fee. (Payable to the “City of Jackson”)
- h. A \$200 review fee for proposed preliminary 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 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 PRELIMINARY PLAT REVIEW**

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

**APPLICANT INFORMATION:**

\_\_\_\_\_  
Name of Proposed Preliminary Development/Schematic Plat

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

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

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

\_\_\_\_\_  
Location of Proposed Preliminary Development/Schematic 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: \_\_\_\_\_