



JACKSON MUNICIPAL REGIONAL 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 Jackson, 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 \$125 review fee for the proposed preliminary plat if it is located within the corporate limits of the City of Jackson. (Payable to the "City of Jackson")
- i. A \$200 review fee for proposed preliminary 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 731-425-8283 OR EMAIL AT ehollis@cityofjackson.net

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

Phone: (731) 425-8283
FAX: (731) 927-8781



**JACKSON MUNICIPAL REGIONAL 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**

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

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Signature of Owner/Agent: _____

Print Name of Owner/Agent: _____

Address/Telephone #: _____

Submittal Date: _____