



CITY OF JACKSON, TENNESSEE SITE PLAN REVIEW APPLICATION INSTRUCTION SHEET

No application for the site plan review will be accepted for filing unless it complies with all of the requirements listed below:

1. SITE PLAN REVIEW APPLICATION REQUIREMENTS

- a. One copy of a completed application form;
- b. Four copies of the site plan, as defined in the City Zoning ordinance;
- c. A \$100 application fee. (Payable to the "City of Jackson")
- d. An 8 1/2 x 11 copy of the site plan for Planning Commission presentation.
- e. Vegetative Impact Evaluation to same scale as site plan.
- f. One digital Portable Document Format (PDF) file of the proposed site plan.

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 the first Friday following a regularly scheduled Planning Commission meeting date.

NOTE: SUFFICIENT INFORMATION MUST BE NOTED ON THE SITE PLAN INDICATING THE EXACT LOCATION OF THE SUBJECT PROPERTY. AN APPOINTMENT WITH THE APPROPRIATE PLANNER IS REQUIRED UPON SUBMITTAL OF THIS APPLICATION. CALL 731-425-8227

Applications can be obtained from: City of Jackson Planning Department
111 East Main Street, Suite 201
2nd Floor
Jackson, TN 38301

Phone: (731) 425-8286
FAX: (731) 927-8781



**CITY OF JACKSON
APPLICATION FOR SITE PLAN REVIEW BY PLANNING
COMMISSION**

TO: The Jackson Municipal Regional Planning Commission **DATE:** _____

APPLICANT INFORMATION:

Name of Proposed Development

Name of Applicant (Agent/Developer)

Address (Agent/Developer)

Phone

City

State

Zip Code

Location of Proposed Development

Name of Owner of Record

Address of Owner of Record

Tax Map #/Parcel #

Total Acreage

of Lots

Zoning

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Owner/Agent Print Name _____

Signature of Owner/Agent: _____

Address/Telephone #: _____
