

CITY OF SHELBYVILLE, TENNESSEE

PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

SITE PLAN APPLICATION

PLEASE NOTE: Failure to complete the process below will result in an incomplete application. Applications will not be considered until all items are submitted timely.

A complete application consists of the following submitted to the PCD Department in accordance with the approved Submittal Calendar to be placed on the current month's agenda:

1. Completion of this application;
2. Submittal of site plans:
 - 5 hard copies mailed to: City of Shelbyville Planning Department, 201 N. Spring Street, Shelbyville, TN 37160
 - PDF of Site Plans and Supporting Documentation emailed to Amanda.Rhinehart@Shelbyvilletn.org
3. Application fee submitted via cash or check to the City of Shelbyville. Please make checks payable to the City of Shelbyville.

Please note that all property owners of record must be denoted below. If there are additional Owners of Record, please provide their information on another sheet and attach to this application. Married individuals may be listed on this form as one property owner.

Name: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____



Name: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____

PROPERTY OWNER'S REPRESENTATIVE – This person shall serve as the applicant on behalf of the Property Owner(s) listed on this application. This person shall serve as the City of Shelbyville's primary contact during the review process. The Property Owner(s) agree that this person shall have the full authority to speak to and make representations to City staff about the project on behalf of the Property Owner(s).

Name: _____

Address (no P.O. Box Numbers): _____

Phone Number: () _____

Email: _____

Property Information

Property Address (if not numbered, nearest major cross streets): _____

Tax Map and Parcel Number(s): _____

Total Acreage of Property: _____

Current Total Lot Coverage: _____

Current Zoning of Property: _____

¹Utility Providers (Circle All That Apply): SPWS BCUD DRE Atmos

Current Use of Property (Circle One): Residential Commercial Industrial Vacant

Project Information

Proposed Building Square Footage: _____ If addition, total resulting square footage? _____

Proposed Building Height: _____ Multi-Tenant? _____ How many? _____

Activity Description (e.g., restaurant, retail, manufacturing, distribution):

¹ SPWS: Shelbyville Power, Water, and Sewerage

BCUD: Bedford County Utility District

DRE: Duck River Electric

REQUIRED SIGNATURES

Property Owner Signature and Date _____

Property Owner Signature and Date _____

Property Owner's **Representative** Signature and Date _____

IMPORTANT DATES

Date and Time of Pre-Planning Meeting: _____ at 2:00 PM, City Hall Conference Room, 201 N. Spring Street, Shelbyville, TN 37160.

Date and Time of Planning Commission Meeting: _____ at 6:00 PM, City Hall Annex, 109 Lane Parkway, Shelbyville, TN 37160.

<u>For Office Use Only</u>	
Date Application Received:	Received By:
Amount of Fee Received:	Date Fee Received:
Review Type: <i>Administrative</i> <i>Planning Commission</i>	
Status of Review:	
Date Status Notification Letter Sent to Property Owner(s):	