

PROPERTY INFORMATION

Property Address (or nearest major cross streets): _____

Tax Map and Parcel Number(s): _____

Total Acreage of Property: _____ Zoning of Property: _____

Current Use of Property: _____

Utility Providers (circle all applicable): SPWS BCUD DRE Atmos

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.

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