P.O. Box 68 126 South Main Street Eagleville, TN 37060



(615) 274-6992 Fax (615) 274-2637

Chad Leeman, Mayor

SUBDIVISION PLAT APPLICATION						
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Name of Subdivision			Section Number (if applicable)		Date of Application	
Type of Subdivision Plat Submitted: Preliminary _			Final Minor Final Combination Resubdivision			
Applicant/Developer						
Mailing Address		City			State Zip	
Phone Number		Fax		Email		
Project Engineer/Surveyor						
Mailing Address		City			State	Zip
Phone Number		Fax		Email		
1	PLEASE COMPLETE THE FOLLOWING PROPERTY INFORMATION					
	Тах Мар	Group	Parcel	Deed Book	Page N	lumber
	Civil District	Numbe	r of Proposed Lots		•	
	Was a concept meeting held with staff? Yes No					
	If yes, on what date did this meeting occur:					
2	ADDITIONAL REQUIRED INFORMATION					
	A copy of the owner's deed					
	A plat checklist					
	A copy of NPDES Permit (if applicable)	Permit i	#:		is required by the state if more fland is to be disturbed.	
	and a second design that the constant and the second	4.5.465			. C	
I hereby certify that the information contained in this Applicant's Signature						
	STAFF USE ONLY - FEES					
1	Minor Plat Fees	Preliminary / Final Plat Fees \$250 per Lot/One Time Fee				ee
2	Fee Paid to City:					
NOTE: The County's School Facilities Tax paid in full at building permit, OR ½ paid at Building Permit and ½ paid at CO.						
County Tax Certificate Number:			Receipt Number		Total:	
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