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

City of Eagleville

(615) 274-2992
Fax (615) 274-2977

DESIGN REVIEW
APPLICATION

Applicant's Name: _____

Owner's Name: _____

Address: _____ Phone No: _____

Email: _____

Details of Proposed Use:
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Location/Address: _____

Tax Map: _____ Parcel No: _____ Acreage/Size of Tract: _____

FEMA Flood Map _____ Panel Number _____

Use: _____

Project Engineer/Surveyor _____ Fax: _____

Address: _____ Phone: _____

Zoning: _____

Conditional Use Permit : Yes _____ No _____

FEE: $0.00 Paid _____ Receipt No. _____ Date Submitted: _____

If applicant is not property owner, Owner will need to sign.

_____

Signature of Applicant/Owner

EA CO 2020 Design Review Application