

TOWN OF CUMBERLAND GAP PLANNING COMMISSION APPLICATION

MAP: _____ PARCEL: _____ AC/LOT: _____ ZONE: _____

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

PHONE: _____

PROPERTY OWNERS MAILING ADDRESS:

STREET/PO BOX: _____ CITY: _____ STATE: _____ ZIP: _____

In compliance with Title 14 of the Cumberland Gap Municipal Code, I hereby request the Town of Cumberland Gap Planning Commission to review my application for:

SITE PLAN REVIEW

___ COMMERCIAL SITE PLAN REVIEW

___ RESIDENTIAL SITE PLAN REVIEW

___ OTHER SITE PLAN REVIEW

___ PLANNED UNIT DEVELOPMENTS

___ UTILITY POLICY REVIEW

SUBDIVISION REVIEW

___ INFORMAL CONSULTATION

___ PRELIMINARY PLAT

___ FINAL PLAT

___ JPE or CDE

___ PLAT OF CORRECTION

___ WITHDRAW/RESUBMITTAL)

___ BOND REDUCTION REVIEW

DESCRIPTION: _____

VARIANCE REQUESTED: (Please be specific) _____

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions taken on my request will be conducted within the scope and application of the duly adopted rules, regulations, or policies of The Town of Cumberland Gap and the State of Tennessee. If I willfully withdraw, my application will be removed from the agenda and I must submit a new application with applicable fees. If I do not submit a digital copy of my plat/map or I do not pay the application fee prior to the agenda deadline, my application will not be placed on the meeting agenda.

SIGNATURE: (APPLICANT)

DATE

TAKEN BY: _____

DATE: _____

APPLICANT SHALL SUBMIT ORIGINAL AND ONE DIGITAL COPY OF PLAT/MAP AND ALL ATTACHMENTS (e.g., drawings, estimates, deeds, etc.)

MEETING DATE:

The first Monday of every month

MEETING TIME:

6:00 p.m.

MEETING LOCATION:

Cumberland Gap Town Hall
330 Colwyn Street
Cumberland Gap TN 37724

Submission deadline for each month's agenda is seven 7 days (including weekends) prior to the scheduled meeting date.