

RUTHERFORD COUNTY REGIONAL PLANNING COMMISSION

One South Public Square, Room 200, Murfreesboro, Tennessee 37130 OFFICE 615.898.7730 FAX 615.898.7823

Name of Site Plan Date									e of application	
	e plan that is fo itions with no no							•	et or parking lot	
App	licant/ Develor	oer								
Mailing Address				C	City		State Zip		Zip	
Phone Number Fax Numb			ax Number	Email						
Project Engineer/Surveyor										
Mailing Address				City		State			Zip	
Phone Number F			Fax Number		Email				<u> </u>	
The applicant is responsible for notifying the Planning Department if any contact information has changed.										
1.	PLEASE COM Address of subject property			LETE THE FOLLOWING PROPERTY IN			FORMATION: Size of Property			
	Tax Map Group P		Parcel	Dee	Deed Book		Page Number			
	Zoning of property				Zoning Application File Number (if applicable)					
	ADDITIONAL REQUIRED INFORMATION:									
	A copy of the owner's deed									
2.	Site plan checklist									
			Of Intent (NOI) ermit (if applic	Form (if applicable) cable)		NOTE: NOI and NPDES are required by the state if more than 1 acre of land is to be disturbed.				
	reby certify th wledge and be		formation co	ntained in this	applic		and co	rrect to	the best of my	
App	licant's Signatu	ıre	A	pplicant's Name (Printed) Date						
STAFF USE ONLY - FEES Site Plan Review Fee \$300									\$300	
Land Disturbance \$150 + \$100 for each additional acre										
Accepted By			Receipt Number				Total			