

RUTHERFORD COUNTY REGIONAL PLANNING COMMISSION

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

Payment must be paid at the time of submitting the application. Please call our office to make your payment or bring payment to our office with the application.

No refunds will be given for any reason.

		300014131	ON FLAT WAIN	ER APPLICATION	JIN		\$150 ree	
Applicant/ Developer								
Mailing Addre	ess			City		State	Zip	
Phone Number Fax Number		Fax Number		Email				
Project Engineer/Surveyor								
Mailing Address				City		State	Zip	
Phone Number		Fax Number		Email				
The applicant is responsible for notifying the Planning Department if any contact information has changed.								
PLEASE COMPLETE THE FOLLOWING INFORMATION:								
Name of Subdivision				Section Number (if applicable)		Date of application		
Тах Мар	Group	Parcel	Deed Boo	Deed Book		Page Number		
Explain the reason a waiver is needed. Be advised that waivers are not an entitlement. You must be able to prove why the request meets the standards for Waivers in Article I.H. of the Subdivision Regulations. You may use additional paper or attachments if necessary.								
I hereby certi knowledge ar Applicant's Sig	nd belief.	information o		Applicant's Name (Printed)			and correct to the best of my Date	
	gridioi e			` '				
Accepted By			STAFF US	Receipt Number				