



CITY OF LAFOLLETTE REGIONAL PLANNING COMMISSION APPLICATION

MAP: ____ GROUP: ____ PARCEL: ____ ZONE: ____

PROPERTY ADDRESS: _____

PROPERTY OWNER: _____

HOME PHONE: _____ WORK PHONE: _____

PROPERTY OWNERS MAILING ADDRESS:

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

In compliance with The City of LaFollette Zoning Resolution and The City of LaFollette Subdivision Regulations,

I hereby request The City of LaFollette Regional Planning Commission to review my application for:

Place an X in the appropriate box:

100 101 102 103 104 105 106 107 108

200 201 202 203 204 205 206

300 301 302 303 304 305 306

DESCRIPTION: _____

PLEASE BE SPECIFIC, IF 300, 301, 302, 303, OR 305 ARE PICKED, APPLICANT MUST BE VERY CLEAR OF REQUEST

I do hereby swear that the information given above is true, to the best of my knowledge. I understand that all actions thaken on my request will be conducted within the scope and application of the duty adopted rules, regulations, or policies of The City of LaFollette 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.)*
- ❖ *Applicant must submit site plan at least ten (10) days prior to meeting. All site plans shall be professionally prepared and certified by a licensed surveyor, engineer, architect, and or lanscape architect.*