

**CITY OF ROCKY TOP PLANNING COMMISSION APPLICATION**

MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_ AC/LOT: \_\_\_\_\_ ZONE: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PROPERTY OWNERS MAILING ADDRESS:  
STREET/PO BOX: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

In compliance with the City of Rocky Top Zoning Resolution and the City of Rocky Top Subdivision Regulations, I hereby request the City of Rocky Top Planning Commission to review my application for:

**SITE PLAN REVIEW**

- \_\_\_\_ R-1/R-2/R-3 SITE PLAN REVIEW (\$50)
- \_\_\_\_ C-1/C-2/C-3 SITE PLAN REVIEW (\$50)
- \_\_\_\_ C-4/C-5 SITE PLAN REVIEW (\$100)
- \_\_\_\_ M-1 SITE PLAN REVIEW (\$100)
- \_\_\_\_ PLANNED UNIT DEVELOPMENTS (\$100)
- \_\_\_\_ CONDOMINIUM PUD (\$100)
- \_\_\_\_ MOBILE HOME PARK REVIEW (\$100)
- \_\_\_\_ UTILITY POLICY REVIEW (No Charge)

**SUBDIVISION REVIEW**

- \_\_\_\_ INFORMAL CONSULTATION (No Charge)
- \_\_\_\_ PRELIMINARY (\$40 + \$20/lot)
- \_\_\_\_ FINAL (\$40 + \$20/lot)
- \_\_\_\_ JOINT PERMANENT EASEMENT (\$70 + \$20/lot)
- \_\_\_\_ SUBDIVISION PLATS (\$75) PER LOT (\$10)
- \_\_\_\_ PLAT OF CORRECTION (\$40)
- \_\_\_\_ WITHDRAW/RESUBMITTAL (\$20)
- \_\_\_\_ BOND REDUCTION REVIEW (No Charge)
- \_\_\_\_ COMMON DRIVEWAY EASEMENT (\$70)

**OTHER**

- \_\_\_\_ REZONING REQUEST \_\_\_\_ TO \_\_\_\_ (\$25)
- \_\_\_\_ VARIANCES (\$50)
- \_\_\_\_ ANNEXATION (\$25)
- \_\_\_\_ BOARD OF ZONING APPEALS APPLICATION (\$50)

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 Rocky Top 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

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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: \_\_\_\_\_ MEETING TIME: \_\_\_\_\_ MEETING LOCATION: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_ DATE PAID: \_\_\_\_\_ CHECK NO. \_\_\_\_\_ CASH \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_