



PLANNING and ZONING DIVISION
PROJECT SUBMITTAL APPLICATION
CITY OF MT. JULIET, TN

Regional Planning Commission Submittal Staff Review & Approval

PROJECT NAME: _____

SITE LOCATION/ADDRESS: _____ ZONING: _____

REQUEST: _____

Map: _____ Parcel: _____ Subdivision: _____ Lot #: _____

APPLICANT: _____ E-mail: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL #: _____ FAX: _____

PROPERTY OWNER: _____ E-mail: _____

MAILING ADDRESS: _____

PHONE: _____ CELL #: _____ FAX: _____

DEVELOPER: _____ E-mail: _____

MAILING ADDRESS: _____

PHONE: _____ CELL #: _____ FAX: _____

ENGINEER/ARCHITECT: _____ E-mail: _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL #: _____ FAX: _____

NOTE: The Applicant serve as the point of contact for the city in processing this application. A PreApp is required prior to submittal of this request. All information contained in the appropriate Submittal Checklist and required fees shall be provided at the time of submittal. Incomplete submittals will not be accepted OR processed.

Applicant Name (printed) Applicant Signature Date

Property Owner Name (printed) Property Owner Signature Date