



TULLAHOMA REGIONAL PLANNING COMMISSION

321 North Collins Street, Tullahoma, Tennessee, 37388

OFFICE: 931.455.2282 FAX: 931.454.1765

SUBDIVISION PLAT APPLICATION

Name of Subdivision	Section Number (if applicable)	Date of application
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Type: Preliminary Final (Major) Final (Minor – Includes Resubs) Partition Construction Plans

Applicant/ Developer

Mailing Address	City	State	Zip
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Phone Number	Fax Number	Email
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Project Engineer/Surveyor

Mailing Address	City	State	Zip
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Phone Number	Fax Number	Email
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NOTE: The applicant is responsible for notifying the Planning & Codes Department of any changes to contact information.

PLEASE COMPLETE THE FOLLOWING PROPERTY INFORMATION:

1.	Tax Map	Group	Parcel	Deed Book	Page Number
	Civil District		County		Number of Proposed Lots
	Was a concept meeting held with staff? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, on what date did this meeting occur:				

ADDITIONAL REQUIRED INFORMATION:

2.	<input type="checkbox"/> A copy of the owner's deed
<i>Note: NPDES is required by the state if more than 1 acre of land is to be disturbed.</i>	

NOTES: The applicant is responsible for submitting final plats to the Coffee County or Franklin County Register of Deeds Office for recording. Please contact the County Register of Deed Office for recording fees. Recorded plats become a part of the permanent files of the Planning and Codes Department.

A Land Disturbance Permit and associated fees will be required to be paid before commencing any grading activities.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and belief.

Applicant's Signature:	Applicant's Name (Printed):	Date:
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STAFF USE ONLY

	Submittal Type	Fees	Total
1.	Preliminary Plat/ Construction Plans(Major)	\$15.00 per lot/ \$400 per construction plans	
	Final Plat	\$10.00 per lot	

Received by:	Date:	Receipt Number:
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**MODE OF DELIVERY AGREEMENT
TENNESSEE DISTRICT**

NAME OF PROJECT _____
ADDRESS OF PROJECT _____ **DATE** _____
POST OFFICE/ZIPCODE _____ **PROPOSED ROUTE #** _____

This Project is: **NEW CONSTRUCTION** ___ **RENOVATION** ___ (If renovation, please complete conversion request)

Estimated 1ST Occupancy Date: _____ **10% Occupancy:** _____ **Completion:** _____
Delivery options will be explained by USPS representative (options shown in gray below).

<u>Type of Project</u>	<u>Deliveries</u>	<u>Equipment-Type / #</u>	<u>EQUIPMENT OPTIONS</u>
Office Bldg (___Floors)	_____	_____	CBU Type I (8 Del)
Shopping Mall	_____	_____	CBU Type II (12 Del)
Strip Mall	_____	_____	CBU Type III (16 Del)
Apts./Condos (___Floors)	_____	_____	CBU Type IV (13 Del)
Townhouses	_____	_____	Curb line 2/post
Single Family Homes	_____	_____	Curb line 4/post
Trailer Park	_____	_____	Wall mount STD 4C
Other (Specify)	_____	_____	

DEVELOPER / CONTRACTOR / OWNER RESPONSIBILITY IS AS FOLLOWS:

Location and installation of all receptacles must be approved by USPS representative.

Concrete pads for CBU's are required to meet USPS specifications.

Concrete pads for CBU's are installed by: Developer X other ___

Equipment purchased by: Developer X other ___

Equipment installed by: Developer X other ___

Equipment owned/maintained by: Developer ___ other ___

Keys issued to residents by: Developer X USPS ___ other ___

Locks changed by: Developer ___ USPS ___ other ___

Residents of single-family homes must be informed of their ongoing responsibility for keys; box maintenance/repair, snow removal, etc.

Note: On multi-tenant delivery and/or rental situations, the building owner/manager is responsible for lock changes. Owner/manager will handle parcels and accountable? Yes ___ No ___

This notice will serve as an Agreement / Letter of Consent to the Postal Service for the placement of Centralized Delivery Equipment at the agreed upon location(s) indicated on the plat map. By signing below, I acknowledge that the contractor options and responsibilities outlined above for receiving mail delivery service have been discussed with me.

USPS REPRESENTATIVE

NAME _____

TITLE _____

SIGNATURE _____

TELEPHONE # _____

DATE _____

PROPERTY DEVELOPER/MGR/OWNER

NAME _____

TITLE _____

SIGNATURE _____

TELEPHONE # _____

DATE _____

This agreement is subject to final approval by District Operations Programs Support. Submit completed agreement and other required attachments to the local Post Office to forward to the **Growth Management, Operations Programs** at the TN District Office