



City of Mount Pleasant

"Experience Our History....Explore Our Possibilities"

Department of Planning and Zoning

Application for Review



MPMPC FILE # _____ DATE OF APPLICATION: _____

Title of Project: _____

Street Location: _____

Tax Map: _____ Group: _____ Parcel: _____

Total Acreage: _____ Number of Lots: _____

Applicant:

Name: _____

Company/Partnership: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ Email: _____

Owner (if applicant is not owner):

Name: _____

Company/Partnership: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ Email: _____

Surveyor/Engineer:

Name: _____

Company/Partnership: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____ Email: _____



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Provided with Submittal (yes, no, n/a)	Project Title: _____	For office use
	Non-refundable application fee (See current fee schedule)	
	Completed Preliminary Application	
	Ten (10) copies of plat - (1) pdf, (2) 24"x36", (8) 18"x24"	
	Location of property with respect to surrounding property and streets	
	Names of all adjoining property owners, or names of adjoining developments	
	Location and dimensions of all boundary lines of the property to the nearest one hundredth (1/100) of a foot	
	The size and location of any water and sewer mains	
	Location of existing easements and utilities	
	Lots numbered	
	Names of new streets	
	Locations, dimensions, and areas of all proposed or existing lots with building setbacks	
	Location and dimensions of all property proposed to be set aside for park or playground use or other public or private reservation, with designation of the purpose thereof, and conditions, if any, of the dedication or reservation	
	Date	
	Appropriate true north point	
	Data from which the location, bearing, and length of all lines can be determined and reproduced on the ground	
	Location and description of all proposed monuments	
	Performance Bond: Water _____ Sewer _____ Streets _____ Misc. _____	
	Plat Certificates: Ownership ___ Accuracy ___ Utilities water ___ sewer ___ Approval by E-911 ___ Approval of Streets ___ Approval of Recording ___	
	The location of existing public ways, easements, water bodies, wetlands, streams, and other pertinent features, such as swamps, railroads, buildings, parks, cemeteries, drainage ditches, and bridges, as determined by the planning commission	
	the distance and bearing of one of the corners of the boundary of the subdivision to the nearest intersection of an existing public street and to the original corner of the original survey of which it is a part	
	Limits of proposed fill and proposed final grading (existing contours at a minimum of two (2) foot intervals)	



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This application shall be accompanied by maps, drawings, or other supportive information necessary to explain the request. It is recommended that the applicant or a representative be present at the Planning Commission.

TCA 134-304(a) states, in part, “The Commission shall approve or disapprove a plat within thirty (30) Days after submission of such plat....” By signing this application, the applicant (and owners, as applicable) acknowledge that items for consideration by the Planning Commission shall be considered submitted when all required information, a completed submittal application, and fee have been received by the City of Mount Pleasant.

Failure by the applicant to address all the requirements of the City of Mount Pleasant Zoning Ordinance and/or Subdivision Regulations may result in a deferral or denial of the proposed development by the Mount Pleasant Planning Commission.

As the applicant or the applicant’s agent, I understand that it is my sole responsibility to notify my client of the time, date, and location of the Planning Commission and subsequent Mount Pleasant City Commission meetings at which this application will be heard and to ensure that someone representing this item is in attendance at each of these meetings.

I hereby attest that I have provided a complete application and included all of the necessary attachments as required. I understand that if information is incomplete and/or otherwise not provided, this application may be deferred until such time as the necessary information is provided.

Owner/Agent submitting this application _____ Date _____

STAFF USE ONLY – DO NOT WRITE BELOW THIS LINE

Recording Fee.....\$ _____ Review Fee.....\$ _____ Appeal Fee.....\$ _____

Check # _____ Cash _____ Debit or Charge _____ Amount Paid \$ _____

Receipt # _____ Date Paid _____

Date of Review: _____ Approved Denied ____ Withdrawn _____