



City of Elizabethton
Department of Planning and Development
136 South Sycamore Street
Elizabethton, TN 37643
Elizabethton Regional Planning Commission

Main 423-542-1508
Fax 423-547-7448
www.elizabethton.org

Application for Subdivision Approval

Property Address: _____

Owner's Name: _____ Address: _____

Phone Number: (H) _____ (W) _____ (C) _____ Email: _____

Desired Contact (If applicable): _____

Address: _____

Phone Number: (Work) _____ (Cell) _____ Email: _____

Total Acres: _____ Total Lots: _____

Miles/Feet New Road: _____

Existing Zone: _____

Tax Map Number: _____ Group _____ Parcel Number: _____

Date Received by Planning Office: _____

Surveyor's Name: _____

Address: _____ Phone #: _____

I hereby certify that all the statements and information contained herein are, to the best of my knowledge, complete and correct. By signing this application, the owner authorizes Elizabethton Planning Commission and City employees to enter the property during the normal discharge of their duties in regard to this request. I (we) agree to comply with any conditions for the required by the Elizabethton Regional Planning Commission.

Owner's Signature

Date

Print Name

Application Fee: Preliminary \$25.00 _____

Final \$25.00 _____