



DEVELOPMENT SERVICES
 700 NORTH GARDEN STREET
 COLUMBIA, TN 38401
 PHONE: (931) 560-1560
 FAX: (931) 560-1541

**PLANNING COMMISSION
 PROJECT DEVELOPMENT APPLICATION**

SUBMITTAL REQUIREMENTS

** 1 hard copy of all materials for submittal + PDF copy of submittal on USB thumb drive or CD
 Fold hard copy submittals larger than 8½"x11"*

ADDRESS/LOCATION	Portion of 6031 Trotwood Avenue and a portion of the parcel at the corner of Trotwood and Foster Ln.		
	TAX MAP: 112	GROUP:	PARCEL: 18.00 & 18.03/18.04
SUMMARY OF NATURE OF REQUEST AND WORK	Annex and rezone to RS-10 for the development of single family homes		

REQUEST DATE FOR PRE-APPLICATION CONFERENCE	4/6/2022	<i>Pre-application meetings are scheduled for Wednesdays.</i>
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SELECT REQUEST	SUBMITTALS SHALL INCLUDE BUT NOT LIMITED TO:
<input checked="" type="checkbox"/> Annexation <input checked="" type="checkbox"/> Rezoning <input type="checkbox"/> Sketch Plat – <i>Must be submitted at least two weeks prior to Preliminary Plat submittal</i> <input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> PUD Preliminary Master Plan <input type="checkbox"/> PUD Final Site Plan <input type="checkbox"/> Multi-Family Site Plan <input type="checkbox"/> Other: _____ <i>*File naming nomenclature examples:</i> <i>Freedom Point Site Plan</i> <i>Freedom Point Master Plan</i> <i>Freedom Point Final Plat</i> <i>Freedom Point Elevations</i>	<u>Annexations/Rezoning:</u> <input checked="" type="checkbox"/> Written Legal Description copy <input checked="" type="checkbox"/> Requested Zone Listed <input checked="" type="checkbox"/> Compliance with Comprehensive Plan <input checked="" type="checkbox"/> Annexation Permission Form <input checked="" type="checkbox"/> Plans and/or Plats conforming to City standards <u>Plats/PUDs:</u> <ul style="list-style-type: none"> • Project Name (include Sections & Phases) _____ • Total Number of Lots _____ • Total acreage _____

Applications and all required submittals must be filed with the Department of Development Services prior to the established deadline. Both the applicant and property owner (if different from applicant) must sign the application.

APPLICANT

All communications go to the Applicant's email that is provided.

NAME	Crunk Engineering LLC, Adam Crunk, PE	PHONE	615-873-1795
ADDRESS	7112 Crossroads Blvd. Ste 201 Brentwood, TN 37027	EMAIL	adam@crunkeng.com

PROPERTY OWNER NAME	Kathleen Rogers	PHONE	615-218-3796
ADDRESS	6031 Trotwood Ave Columbia, TN 38401	EMAIL	km_rogers@bellsouth.net

In filling out this application, I attest that (1) I am familiar with the rules, regulations, and procedures of the City of Columbia & (2) all information contained herein is accurate & true to the best of my knowledge.

Adam Crunk, PE		4/12/2022
_____ APPLICANT NAME	_____ APPLICANT SIGNATURE	_____ DATE

Kathleen Rogers		04/14/22 5:05 PM	4-14-2022
_____ PROPERTY OWNER NAME	_____ PROPERTY OWNER SIGNATURE	_____ DATE	

STAFF USE ONLY

DOCKET NO.		FEE PAID	
RECEIPT NO.		REQUESTED AGENDA	

DATE NOTICES SENT TO ADJACENT PROPERTY OWNERS	
DATE OF PUBLIC NOTICES IN DAILY HERALD	

BOARD ACTION	
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