



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	4015 Trotwood Avenue		
	TAX MAP: 112	GROUP:	PARCEL: 22,23, 24.00
SUMMARY OF NATURE OF REQUEST AND WORK	Request approval of the Final Development Plan for a proposed convenience store/gas station and associated appurtenances. +/- 5.05 acres		

REQUEST DATE FOR PRE-APPLICATION CONFERENCE	2/23/2022	<i>Pre-application meetings are scheduled for Wednesdays.</i>
---	-----------	---

SELECT REQUEST	SUBMITTALS SHALL INCLUDE BUT NOT LIMITED TO:
<input type="checkbox"/> Annexation <input 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 checked="" 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 type="checkbox"/> Written Legal Description copy <input type="checkbox"/> Requested Zone Listed <input type="checkbox"/> Compliance with Comprehensive Plan <input type="checkbox"/> Annexation Permission Form <input 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	Highland Corporation	PHONE	931-796-2274
ADDRESS	108 Mill Ave. Howenwald, TN 38462	EMAIL	seth@highlandcorp.com

PROPERTY OWNER NAME	D. Williamson / R. Mcallister	PHONE	
ADDRESS	6746 Old Zion Road Columbia, TN 38401	EMAIL	

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.

Seth Banks _____
 APPLICANT NAME

Seth Banks dotloop verified 10/14/22 11:41 AM CDT CKNE-8XNA-YMCM-SENY

 APPLICANT SIGNATURE

 DATE

Dixie Williamson
 Ruth McAllister _____
 PROPERTY OWNER NAME

DocuSigned by: Dixie W. Fulton
 DocuSigned by: William Fulton McAllister

 PROPERTY OWNER SIGNATURE

10/15/2022

 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			