



PLANNING COMMISSION
PROJECT DEVELOPMENT APPLICATION
DEADLINE: 3RD MONDAY OF THE MONTH AT 4:00 PM

ADDRESS/LOCATION	1112 Tom J Hitch Pkwy Columbia, TN 38402		
	TAX MAP: 90	GROUP:	PARCEL: 30
SUMMARY OF NATURE OF REQUEST AND WORK	Annexation and rezoning of +/- 44.26 AC off Tom J Hitch Parkway to RS-6.		

REQUEST DATE FOR PRE-APPLICATION CONFERENCE	meeting completed 5-12-21	<i>Pre-application meetings are scheduled for Wednesdays between 8 and 10 am. Meeting must be requested by Monday of the same week.</i>
---	---------------------------	---

SUBMITTAL REQUIREMENTS
25 copies of plan + PDF
Fold all submittals larger than 8½"x11"

SELECT REQUEST	PLAN SHALL INCLUDE
<input type="checkbox"/> Annexation <input checked="" type="checkbox"/> Annexation & Rezoning <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 Master Plan <input type="checkbox"/> PUD Final Plan <input type="checkbox"/> Multi-Family Site Plan <input type="checkbox"/> Other: _____	<u>Annexations/Rezoning:</u> <ul style="list-style-type: none"> • Written Legal Description required • Requested zone • Compliance with Comprehensive Plan <i>Additional public notice is required for comprehensive plan amendments. See meeting schedule for dates.</i> • Annexation Permission Form <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. A representative for the project is required to be present at the meeting, at the request of the Commission.

APPLICANT

NAME	David Slocum	PHONE	334-703-8860
ADDRESS	106B W. Veterans Blvd. Auburn, AL 36832	EMAIL	dslocum@pinnacle-inc.net

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

PROPERTY OWNER

NAME	Parks Properties	PHONE	931 626 9100
ADDRESS	PO Box 1732, Columbia, TN 38402	EMAIL	jparks@ccim.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.

David Slocum _____ APPLICANT NAME	 _____ APPLICANT SIGNATURE	1-15-22 _____ DATE
---	--	--------------------------

* Zoning Ordinance Article 3.3.3, Applications will be reviewed for completeness within 5 days of submittal. Incomplete applications will be removed and the applicant will be notified by certified mail listing incomplete information.*

Parks Properties _____ PROPERTY OWNER NAME	 _____ PROPERTY OWNER SIGNATURE	1/18/22 _____ DATE
--	--	--------------------------

STAFF USE ONLY

DOCKET NO.	22-0009	FEE PAID	
RECEIPT NO.		REQUESTED AGENDA	
DATE NOTICES SENT TO ADJACENT PROPERTY OWNERS			
DATE OF PUBLIC NOTICES IN DAILY HERALD			
BOARD ACTION			