
WILSON COUNTY PLANNING COMMISSION

APPLICATION FOR SITE PLAN OR PLAT

Site Plan _____ Sketch Plan _____ Preliminary _____ Final _____ Combination Plat _____ Soils Amendment _____

Title: _____

Total Acreage _____ **Number of Lots** _____

Street Location: _____

Tax Map # _____ **Group** _____ **Parcel** _____ **Zoning** _____

Voting District # _____ **Is request in Flood Plain? (Yes) (No)**

Utilities Proposed: public water _____ public sewer _____
indiv. well _____ septic tank _____

OWNER/DEVELOPER: NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE () _____ **FAX ()** _____

SURVEYOR/ENGINEER NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PHONE () _____ **FAX ()** _____

FEE CHARGED \$ _____ **RECEIPT NUMBER** _____

SIGNATURE OWNER/REPRESENTATIVE _____

APPLICATION DATE _____ / _____ / _____ **MEETING DATE** _____ / _____ / _____

Health Dept. approval Required: Yes _____ **No** _____

ACTION: AFFIRMED APPROVED DENIED DEFERRED

NOTES: _____