APPLICATION TO APPEAR BEFORE THE
COVINGTON MUNICIPAL-REGIONAL PLANNING COMMISSION

Location of Property:
Street Address:_____Zoning_____
Map#_____Parcel_____

Applicant:
Name_____
Address_____
Phone #_____Alternate Phone #_____

SUBMITTAL: Check all that apply.
_____Site Plan Review----------
_____Minor Subdivision Plat----------
_____Major Subdivision Preliminary Plat----------
_____Major Subdivision Final Plat----------
_____One Lot Minor Subdivision Plat----------

I hereby certify that the statements on this application and any maps, drawings or other accompanying data submitted with this application are true and correct. Any misrepresentation of information shall be grounds for revocation of any decision of the Covington Municipal-Regional Planning Commission.

Signature_____Date_____
***Someone must be present at meeting to represent this application.**

Date of Meeting:_____Time: _____
Meeting Location: Covington City Hall, 200 W. Washington Ave. Covington, TN

Granted:_____ Denied:_____

Recording Fee: $_____Check # _____ Cash _____
Make Check Payable to: Tipton County Register (Check or Cash Only)
Submittal Fee: $_____Check #_____Cash _____Credit Card_____
Make check payable to: City of Covington
Date Paid _____Accepted By_____