



CONCEPT REVIEW APPLICATION

KINGSTON SPRINGS, TN PLANNING DEPARTMENT

PHONE: (615) 952- 2110 FAX: (615) 952-2397

City Planner: cityplanner@kingstonsprings-tn.gov

Planning Department: citymanager@kingstonsprings-tn.gov

Complete form and email to citymanager@kingstonsprings-tn.gov. After review the form will be returned to you with comments regarding your proposed project.

INSTRUCTIONS: PLEASE TYPE OR PRINT (IN INK) AS MUCH INFORMATION AS KNOWN. THE MORE INFORMATION SUPPLIED THE BETTER THE ANALYSIS.

(Note: An incomplete application may delay the review process.)

PROPERTY OWNER: _____ PHONE: _____

EMAIL: _____

PROPERTY ADDRESS: _____

MAP # _____ PARCEL #: _____

SUBDIVISION: _____ BLOCK: _____

LOT: _____

PROPERTY ZONING: _____ FLOOD ZONE: _____

IN GROWTH PLAN: _____

If Applicant differs from Property Owner please indicate below:

APPLICANT: _____ PHONE: _____

ADDRESS: _____

TYPE OF PROPOSED PROJECT:

___NEW ___ADDITION ___ALTERATION ___REPAIR ___FRAMING

___INTERIOR WALLS ___PLUMBING ___HVAC

___ SINGLE FAMILY DWELLING ___ MULTI-FAMILY RESIDENTIAL

___COMMERCIAL ___ OTHER

DESCRIPTION OF WORK:

I HEREBY CERTIFY THAT I HAVE COMPLETED, READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS, ORDINANCES, POLICIES AND PROCEDURES GOVERNING THIS WORK SHALL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ALL PARTIES INVOLVED IN THIS WORK SHALL COMPLY WITH ALL PROVISIONS OF LOCAL, STATE AND FEDERAL LAWS, ORDINANCES, POLICIES, PROCEDURES AND REGULATIONS. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER LOCAL, STATE OR FEDERAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION. UPON PAYMENT OF ALL FEES, THIS APPLICATION BECOMES PART OF THE BUILDING PERMIT. THE PERMIT BECOMES NULL AND VOID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX MONTHS, (ONE YEAR FOR PUD PROJECTS) OR IF THE WORK IS SUSPENDED OR ABANDONED FOR A CONTINUOUS PERIOD OF SIX MONTHS AT ANY TIME AFTER INITIAL START OF THE WORK. A NEW PERMIT AND APPLICABLE FEES ARE REQUIRED IN THESE CASES

NOTE: IF THE APPLICANT IS NOT THE PROPERTY OWNER A NOTARIZED STATEMENT DESIGNATING A LEGALLY AUTHORIZED AGENT IS REQUIRED BEFORE APPLICATION APPROVAL OR ISSUANCE OF A PERMIT.

SIGNATURE: _____ DATE: _____

____OWNER ____AUTHORIZED REPRESENTATIVE (include Notarized Statement)

SUBMIT TOGETHER WITH APPLICABLE EVIDENCE OF:

- ____CURRENT DEED (IF APPLICABLE)
- ____SITE PLAN (DRAW ON PAGE 3 OR PROVIDE ATTACHMENT)
- ____NOTARIZED REPRESENTATIVE STATEMENT (IF APPLICABLE)

**IF APPLICANT APPEARS BEFORE THE PLANNING COMMISSION – 5 COPIES OF SIGNED (ALL BUT PLANNING SECRETARY SIGNATURE) PRELIMINARY/FINAL PLAT AND/OR SITE PLAN WITH APPROVED CONCEPT REVIEW ATTACHED. DUE AT THE TIME APPLICATION IS SUBMITTED

SUBMIT THE FOLLOWING ONLY IF APPLICABLE TO YOUR REQUEST :

- ____SUBSURFACE WASTE DISPOSAL PLAN & CERTIFICATE (SEPTIC TNK. PRMT)
- ____SEWER CONNECTION PERMIT
- ____DRIVEWAY CONNECTION PERMIT
- ____CONSTRUCTION PLANS
- ____SURVEY PLAT & LEGAL DESCRIPTION

CONTRACTOR: _____ PHONE: _____
ADDRESS: _____

ARCHITECT: _____ PHONE: _____
ADDRESS: _____

ENGINEER: _____ PHONE: _____
ADDRESS: _____

SITE PLAN *INCLUDE DRIVEWAY, STRUCTURE, UTILITY (SEPTIC, ELECTRIC, WATER, SEWER, ETC.) LOCATIONS, AND SETBACKS ON THIS SKETCH.

Include attachment drawing if needed.

