

Concept Review Application

Kingston Springs, TN Planning Department

Phone: 615-952-2110 Fax: 615-952-2397

Applicant Name:	Date:	
Applicant Phone: Applicant Phone	oplicant Email:	
Project Address:		
If Applicant differs from Property Own	ner please complete below information	
Property Owner Name:		
Property Owner Phone: Property Owner Email:		
Association of Applicant to Property Owner:		
Applicant Signature: Qaman J. Bass	Date:	
Applicant Signature.	Date.	
TO BE COMPLETED BY REVIEWER		
Property Map Number:	Property Parcel Number:	
Property Zoning:	Property Flood Zoning:	
TYPE OF PROJECT TO BE REVIEWED (check all that apply):		
NEW ADDITION	REMODEL REPAIR	
Residential Construction Comm	ercial Construction Accessory Structure	
Grading/Excavating Drivew	Demolition	
Deck Signag	e Roofing	
Pool (above and below ground)		
Description of Project:		

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SITE PLAN

Please use the space below to illustrate your proposed project. Make sure to include all structures, driveways, known utilities (septic, sewer, water, gas), and setbacks. **NOTE:** If you have a surveyed plat, topographical plat, architectural drawings, or other relevant material, please include along with this document.

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THIS PAGE FOR STAFF USE ONLY

Notes on Proposed Project from City Planner:
Potential Next Steps:
To Proceed with your Project you will need:
The following Approved Permit(s):
Residential Construction Commercial Construction Accessory Structure
Deck Signage Roofing
Pool (above and below ground)
Surveyed Site Plan showing existing structures, driveways, utilities (septic, sewer, water, gas), setbacks, and proposed project location.
Stamped Architect or Engineered Plans
911 Addressing Compliance
Sewer Application, including septic tank size
Contractor Documentation – TN License, Local Business License, Certificate of Liability Insurance.
Sprinkler Plan
City Planner Signature:

Town of Kingston Springs Planning Department Phone: 615-952-2110 Fax: 615-952-2397