

# Subdivision Application

City of Hendersonville Planning Department  
 101 Maple Drive North, Hendersonville, TN 37075  
 Phone (615) 264-5316 Fax (615) 264-5364

**Sketch**

**Preliminary**

**Final**

Project Information

Subdivision Name	
Subdivision Location (street and nearest cross street)	
PUD Name (if applicable)	
Existing Structures & Use	
Zoning Classification	Minimum Lot Size
Total Acreage	Number of Lots or Units

Utility Providers

Water	Gas
Sewer	Electric

Contact Information

**Owner Information**

Name
Address
City, ST, Zip
Phone
Fax

**Developer Information (if different than owner)**

Name
Address
City, ST, Zip
Phone
Fax

**Surveyor/Engineer Information**

Name
Address
City, ST, Zip
Phone
Fax
Contact Person

For initial submittal submit 8 copies. For staff approved submit 3 copies. For resubmittal submit 18 copies.

Office Use Only

(Office Use Only)

Date Approved	Fee \$	Date Paid
Approval Dates (if Final): Sketch Plat	Project Number .....	
Preliminary Plat		
PUD		

I hereby certify that all the above information is true and correct and completed in accordance with the City of Hendersonville, TN Subdivision Regulations and that I have received, or retained, a copy of this application.

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_