

City of Collegedale  
**DESIGN REVIEW APPLICATION**

<b>CASE NUMBER:</b>		<b>Date Submitted:</b>	
(1) Application Type:			
(2) Property Information:			
Address:			
Tax Map Number(s):			
(3) Proposed Development			
Reason for request and/or			
Proposed Use:			
(4) Site Characteristics			
Current Zoning:			
Current Use:			
Adjacent Uses:			
(5) Applicant Information			

All communication will be with the Applicant. If the applicant is not the property owner, the City of Collegedale requires a letter from the property owner(s) confirming that the applicant has permission to initiate this request.

You ARE the property owner:      **YES**  **NO**

Name: \_\_\_\_\_ Street/PO: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Fax: \_\_\_\_\_


(6) Property Owner Information (if not applicant)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**STAFF USE ONLY:**

**Checklist:**



City of Collegedale  
 4910 Swinyar Dr  
 PO Box 1880  
 Collegedale, TN  
 37315  
 423.396.3135  
 423.396.3138 (FAX)

Ownership Verified	<input type="checkbox"/>	
Site or Sketch Plan Submitted	<input type="checkbox"/>	
Notice Signs Given	<input type="checkbox"/>	
Building Elevations	<input type="checkbox"/>	(with % of each material used for each side)
Material Samples	<input type="checkbox"/>	
Deed Book		
Plat Book/Page		
Filing Fee (see fee schedule)		\$
Cash		
Check		
	Check #:	
Public Hearing Date:	<b>Final Action:</b>	
Applications due no later than the <b>20th</b> day of the preceding month.		
Applicantion Taken By:		
Secretary approval:		