



Sevier County Planning and Zoning Department

227 Cedar Street ~ Sevierville, TN. 37862

Telephone: (865) 453-3882

Fax: (865) 453-5923

Required Documentation for a Minor Final Plat Approval (4 lots or less)

1. Completed **Subdivision Final Plat** Application
2. 5 copies of survey maps with certifications signed by surveyor & owner(s)
3. Payment: Cash or check payable to **Sevier County Planning**, \$20.00 Fee

(no credit or debit payments accepted)



Request Date _____

Minor Plat _____

Subdivision Final Plat Application

Sevier County Planning and Zoning Department
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Telephone: (865) 453-3882 Fax: (865) 453-5923

Applicant Name: _____ **Phone No:** _____
Owner Surveyor Developer

Address: _____
Street City State Zip

Applicant/Owner: _____
(Email for contact person concerning this application)

-----Owner Information -----

Property Owner: _____ **Phone No:** _____

Address: _____
Street City State Zip

-----Property Information -----

Civil District: _____ **Tax ID:** _____ **Zoning Dist.:** _____
Map Group Parcel

Property Address: _____
Street City State Zip

-----Subdivision Information -----

Subdivision Name: _____ **Number of Lots:** _____

New Roads: None Public Private

Water: Public Well **Sewer:** Public PPS Septic (SSDS)

The Sevier County Subdivision Regulations requires the Final Plat, of any subdivision of property, be reviewed by the Planning Department and may be submitted to the Sevier County Planning Commission for review. Refer to the Sevier County Subdivision Regulations, the Sevier County Zoning Resolution, and the Sevier County Stormwater Resolution for specific requirements for Final Plats.

I, the undersigned being the owner or applicant for property described above, affirm the accuracy of the above information about the property and use described. I also authorize an agent of Sevier County Government to visit these premises for the purpose of inspecting the property. Any incorrect information provided causes this application and subsequent request to be null and void.

Property Owner / Applicant *Date*

For Office Use Only			
Zoning Map # _____	Concept Plan Permit # _____	Recording Fee Receipt #: _____	
Staff Recommendation: For _____		Against _____	Final Plat Permit # _____
Planning Commission Date: _____		Approved _____	Not Needed _____ Denied _____