



TECHNICAL REVIEW SUBMITTAL

Shelbyville Plan Commission
44 West Washington Street
Shelbyville, IN 46176
P: 317.392.5102 F: 317.392.5110

Project Name: _____

Applicant:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Owner:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Project Designer:

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Address or Location of Property: _____

Submitting For: **Review** or **Final Sign Off**

Type of Review

- Major Subdivision Preliminary Plat**
- Minor Subdivision Preliminary Plat**
- Site Development Plan**
- Planned Unit Development Conceptual Plans**
- Planned Unit Development Detail Plans**
- Construction Plans**
- Others** _____

Contact of Representative for the Project

Name: _____ Address (if not listed above): _____

Phone Number: _____

Email: _____

Preferred Method of Contact: Email or Phone call