



## Third Party Plan Review Program

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Development Services  
8060 Station Hill Drive, Spring Hill, TN 37174  
Phone: (931) 329-4813

**Background:** The City of Spring Hill, Tennessee (the “City”), is responsible for the review or examination of all Engineering Plan Approvals within the City limits. All Applicants have the option of submitting required documents for the city to review or to utilize the City’s Third-Party Plan Review Program (TPPRP).

Any applicant wishing to enter into this agreement must fill out and submit this agreement with the application requesting plan review services or field change request to be completed by the On-Call reviewer, at their own cost. Additionally, a \$3,000 deposit for plan review or a \$1,500 deposit is required for field change to initiate the review process. The final cost analysis will be determined by the cost plus 15%. Any shortage or surplus will be invoiced or reimbursed upon completion of the review.

**Release:** I/we certify under penalty of perjury that I am/we are the owner(s) of the property that is the subject of this application and that I/we have read this waiver and consent to its filing. (If signed by the authorized agent, a letter from each property owner must be provided indicating that the agent is authorized to act on her/his behalf.)

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Planning Approval Date: \_\_\_\_\_ City Project No.: \_\_\_\_\_

Property Address/Location: \_\_\_\_\_

Applicant email: \_\_\_\_\_

Applicant: \_\_\_\_\_

Name (Printed & Signature)

Developer/Owner: \_\_\_\_\_

Name (Printed & Signature)



**Consideration:** If you choose to enter into this agreement, a final cost will be determined and must be paid in full prior to release of completion/approval.

**Assistance:** For further assistance please reach out to the City of Spring Hill Engineering Department.

**Requirement:** Submit via email to [lhungerpiller@springhilltn.org](mailto:lhungerpiller@springhilltn.org)

City Staff only

Deposit (submittal)	\$	Date
Final Cost (completion)	\$	Date