

DANVILLE-BOYLE COUNTY PLANNING & ZONING COMMISSION
APPLICATION FOR SUBDIVISION PLAT WITHOUT IMPROVEMENTS



Application Filing Date: _____ Preliminary Approval Date: _____
Technical Review Date: _____ Final Approval Date: _____

APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): _____

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: _____ Phone Number: _____
_____ Cell Number: _____
_____ E-Mail Address: _____

2) PROPERTY OWNER(S) NAME(S): _____

Mailing Address: _____ Phone Number: _____
_____ Cell Number: _____
_____ E-Mail Address: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED

3) SURVEYOR: _____ Name of Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

4) ENGINEER: _____ Name of Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

PROPERTY INFORMATION

Property Address: _____
PVA Parcel Number: _____
Lot Acreage: _____
Current Zoning: _____

APPLICATION CHECKLIST

- A completed and signed Application
- Agency Signature(s), as required by Subdivision Regulations
- Proposed Lot Layout prepared by a licensed surveyor or engineer depicting the various portion(s) of the property to be included in the proposed Subdivision Plat (Please include: two (2) - 18" x 24" and two (2) - 11" x 17" preliminary plat sets)
- Topographic Survey, if required
- Any proposed Plat Restrictions, Property or Condominium Owners Association Covenants, Master Deed or Restrictions, if applicable
- Filing and Recording Fees

APPLICANT'S CERTIFICATION

I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. Please attach additional signature pages if needed.

Signature of Applicant(s) and Property Owner(s):

1) _____

(please print name and title) Date: _____

2) _____

(please print name and title) Date: _____

The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property. Please use additional signature pages, if needed.

REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED

Application Fee: _____
Land Use/Recording Fee: _____
Date Fees Received: _____

Submit Application to:
Danville-Boyle County Planning & Zoning Commission
P.O. Box 670 Danville, KY 40423-0670
859.238.1235
zoning@danvilleky.gov www.boyleplanning.org