

<b>S</b>	SUBDIVISION	Preliminary _____
		Final _____

Planning Commission

Application No. \_\_\_\_\_

Subdivision Name

\_\_\_\_\_

Subdivision Location \_\_\_\_\_

\_\_\_\_\_

Gross Area of Subdivision in Acres \_\_\_\_\_

Number of Lots \_\_\_\_\_

Average Lot Size \_\_\_\_\_

Gross Residential Density \_\_\_\_\_

Smallest Lot Size \_\_\_\_\_ Sq. Ft.

Lineal Ft. at Building Line \_\_\_\_\_

Utility District \_\_\_\_\_

Water District \_\_\_\_\_

Sewer District \_\_\_\_\_

Deed Restrictions Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, enclose copy.

If Final Plat, date Preliminary Plat was approved

\_\_\_\_\_

Conditions of Preliminary Approval

\_\_\_\_\_

\_\_\_\_\_

List of materials included with Application:

Preliminary Plat \_\_\_\_\_

Construction Drawing \_\_\_\_\_

Final Plat \_\_\_\_\_

Mutual Agreement Form \_\_\_\_\_

Topographic Map \_\_\_\_\_

Drainage Map \_\_\_\_\_

Other \_\_\_\_\_

Person Preparing Plat:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

DATE \_\_\_\_\_

FEE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION  
APPLICATION FORM**

Application No. \_\_\_\_\_

GENERAL DATA

Applicant's Name: \_\_\_\_\_  
(Property Owner or Agent)

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone \_\_\_\_\_

The owner or his agent has \_\_\_\_\_ has not \_\_\_\_\_ submitted an application regarding this subject property within the past year.

Location of Property: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Property Size: \_\_\_\_\_

TYPE OF APPLICATION

<b>CU</b>	CONDITIONAL USE			<b>PR</b>	PLAN REVIEW	
<b>R</b>	REZONING			<b>FH</b>	FLOOD HAZARD	
<b>I</b>	INTERPRETATION			<b>CP</b>	COMPREHENSIVE PLAN AMENDMENT	
<b>ST</b>	STREET Dedication ----- Closure ----- Change -----			<b>V</b>	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
<b>S</b>	SUBDIVISION Preliminary ----- Final -----					

AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application.

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

(All signatures represent that they have full legal capacity to, and hereby do, authorize the filling of this application.)

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the authorization herein.

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_ owner

\_\_\_\_\_ agent of owner

\_\_\_\_\_ lessee

\_\_\_\_\_ agent of lessee

\_\_\_\_\_ other (specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be contacted regarding matters pertaining to this application if other than myself:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

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OFFICE USE:

Date Received \_\_\_\_\_

Compatible with Comprehensive Plan \_\_\_\_\_

Public Hearing Date \_\_\_\_\_

Planning Commission Action \_\_\_\_\_

Board of Zoning Adjustment Action \_\_\_\_\_

Council Action:

1st Reading \_\_\_\_\_

2nd Reading \_\_\_\_\_