

<b>ST</b>	STREET	Dedication _____
		Closure _____
		Change _____

**\*All publication fees, legal fees, and filling fees incurred by the City of Hopkinsville as a result of this application will be billed to the Applicant by the City of Hopkinsville for reimbursement.\***

Planning Commission/Council

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

Existing Street(s) Name \_\_\_\_\_

This Application shall be accompanied by an accurate vicinity map as well as a detailed map showing the boundaries of the proposed action.

**DEDICATION**

Proposed streets are designed in accordance with the appropriate Subdivision Regulations

\_\_\_\_\_

Subdivision Plat Approval \_\_\_\_\_ Date \_\_\_\_\_

Approval of City/County Engineer \_\_\_\_\_ Date \_\_\_\_\_

**CLOSURE**

Name and address of adjoining property owners \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant must present a draft ordinance to close the street in accordance with the rules and regulations of the City/County Attorney.

**CHANGE**

Proposed street(s) name \_\_\_\_\_

List of all property owners who have their frontage on this street

\_\_\_\_\_

\_\_\_\_\_

Applicant must present a draft ordinance to change the street name in accordance with the rules and regulations of the City/County Attorney.

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 \_\_\_\_\_

\*\*\*\*\*

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 \_\_\_\_\_