

S	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

CU	CONDITIONAL USE			PR	PLAN REVIEW	
R	REZONING			FH	FLOOD HAZARD	
I	INTERPRETATION			CP	COMPREHENSIVE PLAN AMENDMENT	
ST	STREET Dedication ----- Closure ----- Change -----			V	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
S	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.

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

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

Name (Please Print) _____ _____	<u>Capacity</u> 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 _____