

PRELIMINARY PLAT APPLICATION
DANVILLE-BOYLE COUNTY PLANNING & ZONING
P.O. Box 670 Danville, KY 40423-0670 (859)238-1235 (859)238-7000 (fax)

I, the undersigned, do hereby make application to present a Preliminary Plat for consideration by the Danville-Boyle County Planning and Zoning Commission.

Owner _____ Address _____

Name of Subdivision _____

Location _____

Zone _____ # of Lots _____ Acreage/Square Feet _____

FILING REQUIREMENTS: (See Section 520 of Subdivision Regulations)

1. Submit four copies of the plat at the time of application. After TRS, 12 technically correct plats are due at the Planning and Zoning office by Noon on Tuesday prior to the Wednesday Commission meeting.
2. Submit a list of adjoining property owners and a copy of deed restrictions.
3. Boyle County Health Department preliminary evaluation comments, if applicable, signed and dated must appear on the plat prior to TRS evaluation.
4. Planning Commission shall approve, disapprove, or approve with conditions within 30 days of the hearing, unless a 60 day extension has been deemed necessary by the Commission.
5. Approval of the preliminary plat shall not constitute acceptance of the final plat.
6. Approval of the preliminary plat shall lapse unless a final plat in substantial compliance with the preliminary plat is submitted within one year from the date of such approval.
7. **FEE: \$416.00**

I understand that in making this application that it does not mean that said plat will be approved. I understand that approval will be at the discretion of the Planning and Zoning Commission, in that the plat will need to meet all requirements of the Zoning Ordinance to include all dimension and area regulations. I accept the responsibility for attending the TRS meeting and the Commission meeting or will send a representative. I understand that failure to attend such meetings may result in the postponement of any action by the Commission.

_____ Date _____ Phone _____
Applicant Signature (Agency letter required if signed by other than owner)

Date of TRS meeting _____ Thursday, 9:00 a.m.

Date of Commission meeting _____ Wednesday, 9:00 a.m.

