VERSAILLES-MIDWAY-WOODFORD COUNTY PLANNING COMMISSION

APPLICATION FOR DEVELOPMENT PLAN



Application Number: Date Application Filed:					
APPLI	ICANT(S) INFORMATION				
1) A	pplicant(s) Name(s):				
N	Names of Officers, Directors, Shareholders or Members (If Applicable):				
N	Nailing Address:	Phone Number:			
		Cell Number:			
		E-Mail Address:			
2) Pi	ROPERTY OWNER(S) NAME(S):				
N	Nailing Address:	Phone Number:			
_		Cell Number:			
		E-Mail Address:			
	PLEAS	SE USE ADDITIONAL PAGES IF NEEDED			
3) A	pplicant(s) Attorney:	Name of Law Firm:			
Pl	hone Number:	Cell Number:			
E-	-Mail Address:				
4) Su	URVEYOR:	Name of Firm:			
	hone Number:	Cell Number:			
	-Mail Address:				
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5)	ENGINEER:	Name of Firm:					
	Phone Number:	Cell Number:					
	E-Mail Address:						
6)	Architect:	Name of Firm:					
	Phone Number:	Cell Number:					
	E-Mail Address:						
7)	LANDSCAPE ARCHITECT:	Name of Firm:					
	Phone Number:	Cell Number:					
	E-Mail Address:						
А Г							
L	ed Application						
Г	t Plan Application Development Plan Amendment plain Verification Letter(s) or Signature(s)						
E	-	Complete set of project plans prepared by a licensed surveyor or engineer depicting the various					
	portion(s) of the prop	portion(s) of the property to be included in the proposed project site (Please include: two (2) - 24"					
Г	x 36" plan-sets and two (2) - 11" x 17" plan-sets)						
	Two (2) sets of Landscape Plan, if applicable Two (2) sets of Topographic Survey/Drainage Plan & Calculations						
		Traffic Impact Study (TIS) and/ or Geologic Analysis (Phase I), if required					
	┓	chitectural Plan, including proposed elevations of all building sides					
C	–	Two (2) draft sets of proposed Property or Condominium Owners Association Covenants, Master					
_	Deed or Restrictions,	· · · ·					

G Filing and Recording Fees

DEVELOPMENT PLAN REQUEST

Please describe the proposed use and desired Development Plan project request of the property being considered:

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)		
		Date:
(please print name a	nd title)	
2)		
(please print name a	nd 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 Certificate Fee:	
Date Fees Received:	

Submit Application to: Versailles-Midway-Woodford County Planning Commission 103 South Main Street, Suite 204 Versailles, KY 40383 859.873.8611 www.woodfordplanning.org