

Review No. _____

MINOR SUBDIVISION APPLICATION

Joint City-County Planning Commission of Barren County, Kentucky
126 East Public Square – City Hall
Glasgow, KY 42141
(270) 659-0661

The following Items are to be submitted along with this application:

- The original Minor Plat(s), two (2) paper copies of the original on tabloid size paper (11" x 17").
- Appropriate Review Fee, payable to the Joint City-County Planning Commission, is required and of which no part is refundable to the applicant.

PART I: (to be completed by applicant)

1. Submittal Date: _____
2. Name of Subdivision _____
Area of Subdivision (Total Acres) _____
3. Owner(s) _____
Address _____
City _____ State / Zip _____ Phone _____
4. Project Surveyor _____
Address _____
City _____ State / Zip _____ Phone _____
5. Applicant Source of Title for Parent Tract
Deed Book _____ Page Number _____
Property Valuation Administration (PVA) Parent Tract Map Number _____
6. Have any Lots or Tracts been previously subdivided from the Patent Tract?
 No
 Yes
If "Yes" please attach a copy of all Minor Plats depicting the subdivisions that have occurred from the Parent Tract.
7. Current Zoning, if applicable _____

- 8. Is a variance being requested to the Subdivision Regulations? _____
If "Yes" see the Subdivision Regulations Variance Application.

- 9. Is a variance being requested to the Zoning Ordinance? _____
If "Yes" see the Board of Adjustments Application.

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Property Owner's Signature Date

Property Owner's Signature Date

OFFICE USE ONLY

PART II: (to be completed by the commission staff)

- 1. Date Application Processed _____ Fee Received _____

- 2. Action Taken: _____

- 3. Notes: _____

