

Review No. \_\_\_\_\_

## MINOR SUBDIVISION APPLICATION

Joint City-County Planning Commission of Barren County, Kentucky  
200 S. Green St., Suite 201 (2<sup>nd</sup> Floor)  
Glasgow, KY 42141  
Barren County Development Center Building  
(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: \_\_\_\_\_  
\_\_\_\_\_  
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