

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

## SUBDIVISION REGULATIONS PRE-CONSTRUCTION / PRE-SUBDIVISION VARIANCE 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:

- Appropriate copies of the Plat(s) and/or Development Plan(s) showing proposed request.
- One (1) copy of the deed(s) of the property.
- Appropriate application fee.

### **PART I – Development Information:** (to be completed by Applicant)

1. Submittal Date \_\_\_\_\_

2. Have you applied for a variance request before?

- No  
 Yes

If "Yes" what type of variance and when was the application filed? \_\_\_\_\_

2. Owner(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

3. Applicant Information \_\_\_\_\_  
(if different from owner)

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

4. Name of Subdivision or Development \_\_\_\_\_

Location of Subdivision or Development \_\_\_\_\_

Lot Number(s) \_\_\_\_\_

Deed Book \_\_\_\_\_ Page Number \_\_\_\_\_

Plat Book \_\_\_\_\_ Page Number \_\_\_\_\_



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**PART IV – Applicant and Owner Signature:**

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.

A variance of any requirement does not exempt the development from any other requirements of the Subdivision Regulations or any local Zoning Ordinance.

\_\_\_\_\_  
Applicant(s) Signature                      Date

\_\_\_\_\_  
Property Owner(s) Signature                      Date

\_\_\_\_\_  
Applicant(s) Signature                      Date

\_\_\_\_\_  
Property Owner(s) Signature                      Date

**OFFICE USE ONLY**

**PART V:** (to be completed by the commission staff)

1. Date Application Received \_\_\_\_\_ Fee Received \_\_\_\_\_ Check Number \_\_\_\_\_

2. Action Taken: \_\_\_\_\_

3. Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_

4. Notes: \_\_\_\_\_

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