DANVILLE-BOYLE COUNTY PLANNING & ZONING COMMISSION APPLICATION FOR SITE PLAN



Docket Number: Date Application Filed:							
AP	APPLICANT(S) INFORMATION						
·	Names of Officers, Directors, Shareh	olders or Members (If Applicable):					
	Mailing Address:	Phone Number:					
		Cell Number:					
		E-Mail Address:					
2)	PROPERTY OWNER(S) NAME(S)						
-,	., .,						
	Mailing Address:	Phone Number:					

	PLEAS	E USE ADDITIONAL PAGES IF NEEDED					
3)	APPLICANT(S) ATTORNEY:	Name of Law Firm:					
	Phone Number:	Cell Number:					
	E-Mail Address:						
4)	SURVEYOR:	Name of Firm:					
	Phone Number:	Cell Number:					
	E-Mail Address:						

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:				
AF	PPLICATION CHECKLIST				
	A completed and sig	ned Application			
_		n Application Site Plan Amendment or PUD Amendment			
	-	Iplain Verification Letter(s) or Signature(s)			
		perty to be included in the proposed Site Plan project (Please include: two (2) -			
	18" x 24" 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				
	Two (2) sets of site Architectural Plan, including proposed elevations of all building sides				
	Two (2) draft sets of proposed Property or Condominium Owners Association Covenants, Master				
Г	Deed or Restrictions, if applicable Filing and Recording Fees				
	i ining and necoraling rees				
	PLAN REQUEST				
Piec	ase describe, in detail, ti	he proposed use and desired site 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.

Signation 1)	ature of Applicant(s) and Property Owner(s):	
1)	(please print name and title)	Date:
2)	(please print name and title)	
attorn	oregoing signatures constitute all of the owners of the affe	ected property necessary to convey fee title, their attorney, or their legally constitute nature is certification that the attorney represents each and every owner of the affecte
	UIRED FILING FEES MUST BE PAID BEFORE	ANY APPLICATION WILL BE ACCEPTED
	lication Fee:	
Land	d Use Certificate Fee:	<u></u>
Date	e Fees Received:	

Submit Application to:

Danville-Boyle County Planning and Zoning Commission P.O. Box 670
Danville, KY 40423-0670
859.238.1235 (Office) 859.238.7000 (Fax) zoning@danvilleky.gov www.boyleplanning.org