

ATTACHMENT E: APPLICATION FORMS

APPLICATION FOR CONSIDERATION
OF
PRELIMINARY PLAT

CITY OF DAYTON, COUNTY OF CAMPBELL
STATE OF KENTUCKY

I, (We), the undersigned, hereby make application to the Planning Commission for review and approval of the Preliminary Plat: _____

(Name of Preliminary Plat)

The Preliminary Plat shall not be accepted for review unless all the following items and requirements are on the Preliminary Plat or attached thereto, submitted at the time of filing.

PRELIMINARY PLAT REQUIREMENTS

1. Eight (8) blue or black line copies of the Preliminary Plat meeting the requirements of Article IV.
2. Two (2) copies of this application for Preliminary Plat approval.
3. Two (2) copies of a statement that zoning requirements will be met.
4. Three (3) copies of the description of soil conditions.
5. Two (2) copies of a statement by appropriate public bodies insuring water and sewer service (except in the case of sewer service where individual on-site disposal systems have been approved as per Section 7.1 (c) of these regulations, two (2) copies of a permit to use on-site disposal systems and two (2) copies of a letter showing the results of percolation tests, approved by the County Health Department shall be required).
6. Preliminary Plat Fees.

ITEMS ACCOUNTED FOR

FEE OWNERS OF AREA BEING PLATTED:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

I, (We), do hereby understand that this plat and the development of this area shall comply with all the requirements of the state of Kentucky, pertaining to the zoning, subdividing and development of land within Dayton and that this plat shall not be accepted for review until all required items have been submitted in the proper manner, to the Planning Commission, or its duly authorized representative, and all required fees have been paid and receipted by the Planning Commission, or its duly authorized representative.

Owner or Duly Authorized Agent's Signature

CITY OF _____)
COUNTY OF _____) s.s.
STATE OF _____)

Subscribed and sworn to me this _____ day of _____, 19 _____.

BY: _____
Notary Public Signature

My Commission Expires: _____

FOR PLANNING COMMISSION USE ONLY

DATE RECEIVED: _____ PLAT NAME: _____

MAP # _____ DATE PLANNING COMMISSION WILL REVIEW PLAT: _____

PRELIMINARY PLAT INFORMATION DISTRIBUTED TO: CITIZENS TELEPHONE COMPANY _____

_____, UNION LIGHT, HEAT AND POWER COMPANY _____, CAMPBELL COUNTY

WATER DISTRICT NUMBER ONE (1) _____, NORTHERN KENTUCKY AREA PLANNING

COMMISSION _____, SANITATION DISTRICT OF CAMPBELL AND KENTON COUNTIES,

DISTRICT NO. 1 _____, SOIL CONSERVATION SERVICE _____.

PLANNING COMMISSION ACTION: Approved: _____ Disapproved: _____

Conditions: _____

Fee: _____

Total Amount: _____

PAID STAMP

DAYTON - ATTACHMENT E

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