

# Subdivision Application

## Joint City-County Planning Commission of Nelson County

Please type or print (blue or black ink)

### GENERAL INFORMATION

PLAT TYPE (check one)     Advisory Plat     Minor Plat (3 lots or less)     Major – Administrative Approval

Application Date: \_\_\_\_\_

Subdivision/Development Name: \_\_\_\_\_

Subdivision/Development Location: \_\_\_\_\_

Parent Tract Source of Title (Deed Book/Page #): \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_

Have any tracts or lots previously been subdivided from the Parent Tract?    Yes  No

*If yes, please attach copies of all plats depicting the subdivisions that have occurred from the Parent Tract.*

Total Acreage to be Subdivided: \_\_\_\_\_    Total Lots to be Created: \_\_\_\_\_

Have variances from dimensional requirements of the Zoning Ordinance been approved?    Yes  No  N/A

*If yes, please list the approved variance(s):* \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Name: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### DEVELOPER INFORMATION (if different from Owner)

Name: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### CONTACT INFORMATION (if different from Owner & Developer)

Name: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### LAND SURVEYOR INFORMATION

Name: \_\_\_\_\_    Daytime Phone #: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROPERTY OWNER CERTIFICATION & SIGNATURE**

*I (We) affirm that the submitted plat was prepared at my (our) direction, and I (we) hereby consent to the proposed layout and division. I (We) hereby agree to comply with all applicable Zoning and Subdivision Regulations, pay all applicable fees, and provide any and all requested information and copies. I (We) understand that it is my (our) responsibility to obtain all certification signatures and record the approved plat in the Nelson County Clerk's office within six (6) months of approval. I (We) further understand that if the plat is not recorded within six (6) months, the approval is void and not subject to recording. 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.*

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

*The foregoing signatures constitute all of the property owners necessary to convey fee title or their legally constituted attorney-in-fact.*

**For Office Use Only**

Date Application Received: _____	Received by: _____
Fee Paid: \$ _____	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> Other (specify): _____
Zone Change #: _____	Variance #: _____
Planning Commission Meeting Date: _____	Agenda #: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Conditionally Approved	§8.1 Variance - Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Date Recorded: _____	Plat Cabinet / Slot #: _____