

# Subdivision Application

*For Office Use Only:*

Date Filed: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Docket #: \_\_\_\_\_

**Triple S Planning Commission**  
501 Main Street, Courthouse, Suite 3  
Shelbyville, Kentucky 40065

Telephone: (502) 633-1718 Fax: (502) 633-1709

www.shelbypz.com

**Please type or print (blue or black ink)**

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

**Plat Type (check one):**  Minor Plat  Preliminary Plat  Final Plat  Amendment Plat  Agriculture Plat  
 Consolidation Plat  Boundary Adjustment Plat  Plat of Correction

**Property Information:**

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: \_\_\_\_\_

**Property Owner Information:**

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

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

**Developer Information (if different from Owner):**

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

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

**Land Surveyor Information:**

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

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

**Engineer Information (if applicable):**

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

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

**Required Supporting Documentation**

**The following supporting documentation and fees must be submitted with the completed and signed application:**

- 1. Thirteen (13) copies no larger than 18" x 24" & two (2) copies no larger than 11" x 17" of the plat.
- 2. Complete listing of all names and mailing address for all adjoining property owners within, contiguous to, and directly across the street. Adjacent property information shall be obtained from the PVA office.
- 3. Disclosure of ownership interest in the subject property (deed or purchase agreement).
- 4. Plat filing fee, nonrefundable, payable to Triple S Planning Commission (see Fee Schedule).

**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) further understand that it is my (our) responsibility to obtain all certification signatures and record the approved plat in Shelby County Clerk's office within ninety (90) days of approval. I (We) further understand that if the plat is not recorded within ninety (90) days, 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 \_\_\_\_\_ Date \_\_\_\_\_

Owner \_\_\_\_\_ Date \_\_\_\_\_

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

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Date Application Received : \_\_\_\_\_ Received by: \_\_\_\_\_

Filing Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_  Cash

Current Zoning: \_\_\_\_\_

Applicable Zone Changes:  Yes  No Docket #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicable Variance(s):  Yes  No Docket #: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Commission Meeting Date: \_\_\_\_\_

Approved  Disapproved  Conditionally Approved

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Recorded: \_\_\_\_\_ Plat Cabinet: \_\_\_\_\_ Slide Number: \_\_\_\_\_