

ST	STREET	Dedication _____
		Closure _____
		Change _____

Planning Commission/Council

Application No. _____

Existing Street(s) Name _____

This Application shall be accompanied by an accurate vicinity map as well as a detailed map showing the boundaries of the proposed action.

DEDICATION

Proposed streets are designed in accordance with the appropriate Subdivision Regulations

Subdivision Plat Approval _____ Date _____

Approval of City/County Engineer _____ Date _____

CLOSURE

Name and address of adjoining property owners _____

Applicant must present a draft ordinance to close the street in accordance with the rules and regulations of the City/County Attorney.

CHANGE

Proposed street(s) name _____

List of all property owners who have their frontage on this street

Applicant must present a draft ordinance to change the street name in accordance with the rules and regulations of the City/County Attorney.

DATE _____

FEE _____

Applicant's Signature

**HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION
APPLICATION FORM**

Application No. _____

GENERAL DATA

Applicant's Name: _____
(Property Owner or Agent)

Applicant's Address _____

Applicant's Phone _____

The owner or his agent has _____ has not _____ submitted an application regarding this subject property within the past year.

Location of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Property Size: _____

TYPE OF APPLICATION

CU	CONDITIONAL USE			PR	PLAN REVIEW	
R	REZONING			FH	FLOOD HAZARD	
I	INTERPRETATION			CP	COMPREHENSIVE PLAN AMENDMENT	
ST	STREET Dedication ----- Closure ----- Change -----			V	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
S	SUBDIVISION Preliminary ----- Final -----					

AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application.

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

(All signatures represent that they have full legal capacity to, and hereby do, authorize the filling of this application.)

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the authorization herein.

Name (Please Print) _____

Address _____

Telephone Number _____

_____ owner

_____ agent of owner

_____ lessee

_____ agent of lessee

_____ other (specify)

Person to be contacted regarding matters pertaining to this application if other than myself:

Name _____

Telephone Number _____

OFFICE USE:

Date Received _____

Compatible with Comprehensive Plan _____

Public Hearing Date _____

Planning Commission Action _____

Board of Zoning Adjustment Action _____

Council Action:

1st Reading _____

2nd Reading _____