SUBDIVISION APPLICATION

City of Radcliff Planning Department
411 West Lincoln Trail Blvd., P. O. Box 519
Radcliff, KY 40159-0519
270-351-1875

The following items are to be submitted along with this application:

- Plats as required by Article II of the Radcliff Subdivision Regulations.
- A review fee of , payable to the City of Radcliff, of which no part is refundable to the applicant.
- One copy of the deed(s) of the property.

Applicant's Name: _____

Address: _____

_____

Phone Number: _____

Subdivision Name: _____

Location of Subdivision: _____

Zoning Classification: _____

Check One:

Preliminary Plat ☐ Record Plat ☐ Amended Record Plat ☐

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.

_____

Property Owner(s) / Applicant(s) Signature Title Date

FOR OFFICIAL USE ONLY

Received by: _____ Date of Filing: _____

Review Fee: _____ Date Received: _____ Receipt #: _____

Land Use Restriction Fee: _____ Date Received: _____ Receipt #: _____

Number of Lots Proposed: _____ Number of Lots Created: _____

Plat Cabinet: _____ Sheet Number: _____