

**CERTIFICATE OF APPROVAL OF UTILITY PLANS**

I hereby certify that the plans for proposed streets, water distribution systems, sanitary sewage collection systems, and storm water disposal conform with the applicable provisions of these Regulations and meet the requirements of the Kentucky State Health Department.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
City or County Road Engineer or his  
Authorized Representative

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**CERTIFICATE OF ADEQUACY OF WATER AND SEWER SYSTEMS**

I hereby certify that the water supply and/or sewage disposal utility system or systems proposed for installation, fully meet the requirements of the Kentucky State Health Department, and are hereby approved as shown.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
City or County Health Officer or his  
Authorized Representative

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**CERTIFICATE OF PLAT APPROVAL**

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations for Cadiz-Trigg County, Kentucky, with the exceptions of such variances, if any, as are noted in the minutes of the Planning Commission.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Chairman or Secretary,  
Cadiz/Trigg County  
Planning Commission

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**CERTIFICATE OF REVIEW BY KENTUCKY BUREAU OF HIGHWAYS**

(Optional) – I hereby certify that I have reviewed the preliminary subdivision plat for \_\_\_\_\_, subdivision and submitted necessary recommendations to the Planning Commission.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Permits Officer, District Office  
Bureau of Highways

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**CERTIFICATE OF OWNERSHIP AND DEDICATION**

I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building restriction lines, and dedicate all streets, alleys, walks, parks, and other open spaces to public or private use as noted.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

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**CERTIFICATE OF ACCURACY**

I hereby certify that the plan shown and described hereon is a true and correct survey to the accuracy required by the Cadiz-Trigg County, Kentucky Planning Commission and that the monuments have been placed as shown on the final plat, to the specifications of the County Engineer or the City Engineer.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Registered Engineer or Surveyor

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**CERTIFICATIONS FOR FINAL PLAT REVIEW AND APPROVAL**

The following certifications shall appear on the final subdivision plat prior to review by the Planning Commission.

**CERTIFICATE OF OWNERSHIP AND DEDICATION**

I (we) hereby certify that I am (we are) the owner(s) of the property shown and described hereon and that I (we) hereby adopt this plan of subdivision with my (our) free consent, establish the minimum building restriction lines, and dedicate all streets, alleys, walks, parks and other open spaces to public or private use as noted.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Owner

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**CERTIFICATE OF ACCURACY**

I hereby certify that the plan shown and described hereon is true and correct survey to the accurate required by the Cadiz-Trigg County, Kentucky Planning Commission and that the monuments have been placed as shown on the final plat to the specifications of the County Engineer or the City Engineer.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Registered Engineer or Surveyor

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**CERTIFICATE OF APPROVAL OF STREETS AND UTILITIES**

I hereby certify: (1) That streets, utilities and other improvements have been installed in an acceptable manner and according to specifications and requirements of the Subdivision Regulations in the subdivision entitled: \_\_\_\_\_

\_\_\_\_\_ or, (2) That a security bond in the amount of \$\_\_\_\_\_ has been posted with the City or County legislative body to assure completion of all required improvements in case of default.

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
City or County Road Engineer or other Approving Agent

**CERTIFICATE OF COMPLIANCE**

I hereby certify that the uses proposed for the lots of this subdivision are in compliance with the existing zoning of the respective lots, and that this final plat has been submitted within one year of the approval of the preliminary plat for this subdivision.

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Applicant

**CERTIFICATE OF APPROVAL FOR RECORDING**

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations for Cadiz and Trigg County, Kentucky, with the exception of such variances, if an, as are noted in the minutes of the Planning Commission and that it has been approved for recording in the office of the County Clerk.

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Chairman or Secretary,  
Planning Commission

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**CERTIFICATE OF ACCPETANCE**

I hereby certify that the final subdivision plat for the subdivision entitled \_\_\_\_\_ is accepted for filing and recording.

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
County Clerk or Recorder

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**CERTIFICATE OF THE APPROVAL OF INDIVIDUAL WATER AND SEWER SYSTEMS**

I hereby certify that the water supply and sewage disposal utility systems installed, or proposed for installation, in the subdivision plat entitled: \_\_\_\_\_ fully meet the requirements of the Kentucky State Health Department and are hereby approved as shown.

\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
City or County Health Officer or other Approving Agent

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**CERTIFICATION 911 Emergency Coordinator Approval**

I herby certify that the street names shown are not duplicates and are approved as stated on said plat

\_\_\_\_\_  
911 Emergency Coordinator

\_\_\_\_\_  
Date

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**APPLICATION FOR PRELIMINARY PLAT APPROVAL**

Date \_\_\_\_\_

Application Number \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_



Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name of Surveyor or Engineer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name of Subdivision \_\_\_\_\_

4. Locational Description: Tax lot or other identification. \_\_\_\_\_

\_\_\_\_\_  
(In addition, please attach copy of legal description)

5. Proposed Use \_\_\_\_\_

6. Present Zoning District \_\_\_\_\_

7. Proposed Zoning Changes \_\_\_\_\_

8. Number of Lots \_\_\_\_\_

Area of Tract \_\_\_\_\_

9. Do you propose deed restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

(If YES, please attach a copy)



10. What type of sewage disposal do you propose? \_\_\_\_\_

\_\_\_\_\_  
If an "on lot" type of sewage disposal is proposed, include a letter from the County Board of Health approving a specific type of sewage disposal.

11. List all proposed improvements and utilities and state your intention to install or post a guarantee prior to actual installation.

Improvement	Installation	Guarantee (Cost)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Variances requested from plat or design requirements.

Section Number	Item
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

13. Processing fee: \$500.00 + \$10.00 lots (or acres, whichever is greater) at \$10.00/lot or acre  
= Total fee. \$ \_\_\_\_\_.

14. List other materials submitted with this application.

Item	Number Copies
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Applicant      Surveyor or Engineer

FOR OFFICIAL USE

Date Received \_\_\_\_\_

Date of Meeting of Planning Commission \_\_\_\_\_

Action by Planning Commission \_\_\_\_\_

If plat rejected, reason(s) for rejection \_\_\_\_\_

\_\_\_\_\_

Variances approved (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Chairman

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**APPLICATION FOR FINAL PLAT APPROVAL**

Date \_\_\_\_\_  
Application Number \_\_\_\_\_

1. Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Name of Surveyor or Engineer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Name of Subdivision \_\_\_\_\_

4. Date Preliminary Plat Approved \_\_\_\_\_

5. Was a zoning change requested? \_\_\_\_\_

6. If YES, the plat may not be approved until it conforms with the local zoning. Include a certification of zoning compliance if a change was requested.

7. Have all required improvements been installed? \_\_\_\_\_ If no, include detailed estimates of cost and a statement relative to the method of improvement guarantee. All estimates must be approved by the responsible (municipal, county) official.

8. Do you propose deed restrictions? \_\_\_\_\_

(If YES, please attach a final copy)

9. Waivers requested for plat or design standards.

Section Number	Item
a.	_____
b.	_____
c.	_____
d.	_____
e.	_____

10. List other materials submitted with this application.

Item	Number
a.	_____
b.	_____
c.	_____
d.	_____
e.	_____

\_\_\_\_\_

FOR OFFICIAL USE

Date Received \_\_\_\_\_

Date of Meeting of Planning Commission \_\_\_\_\_

Action by Planning Commission \_\_\_\_\_

If plat rejected, reason(s) for rejection \_\_\_\_\_

\_\_\_\_\_

Variances approved (if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Chairman

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**APPLICATION FOR MINOR SUBDIVISION APPROVAL**

Date \_\_\_\_\_ Application Number \_\_\_\_\_

The undersigned applies for minor subdivision approval under provisions of Section 340 of the subdivision regulations of the Cadiz-Trigg County Planning Commission.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Minor subdivision approval is requested under the following provision:

1. Where a subdivision contains five (5) or fewer lots, counting the remainder of the original tract; and fronts on an existing public street; and involves no opening, widening, or extension of streets or utilities; and conforms to the adopted subdivision and zoning regulations and comprehensive plan of Cadiz and Trigg County, Kentucky.
  
2. Where a subdivision provides for the transfer of land between adjacent property owners and does not involve the creation of any new lots or building sites.
  
3. Where up to and including five lots of record are consolidated to create a lesser number of parcels and involve no new public improvements.
  
4. Where there is a need to make technical revisions to a recorded final plat of an engineering or drafting nature or similar small discrepancy, but not including the altering of any property lines of public improvements requirements.

FOR OFFICIAL USE  
Planning Commission Review

Date Received \_\_\_\_\_

Action \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_.

Date

\_\_\_\_\_  
Chairman or authorized representative