



Louisville Metro Planning & Design Services

CONDITIONAL USE PERMIT PRE-APPLICATION SUBMITTAL REQUIREMENTS

JERRY E. ABRAMSON
MAYOR

CHARLES C. CASH, JR.,
DIRECTOR

All Submittals Must Be Submitted In Person To The Customer Service Counter

Applicant PDS
 ONLY

- _____ 1. Completed Planning & Design Application. All blanks must be filled in with the exception of fax number and Engineer/Other, if it is not applicable. The Owner’s signature is **not** required at this time. *The typical timeframe for review is one month.*
- _____ 2. Development Information (DI) Sheet (This can be obtained from www.lojic.org, click on Interactive Map, then Standard Information Map. Click on the green *i* on the left of your map, then click on your property.)
- _____ 3. MSD Plan Submittal Application and Checklist. **MSD will not review their plan without the MSD checklist and application.**
- _____ 4. Fifteen (15) copies of the site plan. Printed on a minimum 8.5 x 11 paper (For Pre-App. only. You may print a site plan from the www.lojic.org mapping web site.) It must be printed to scale with all of the below listed information placed on your site plan in addition to any outside play areas and/or parking areas.

YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL OF THE REQUIRED INFORMATION LISTED HERE.

All plans must show the following minimum information or the submittal can’t be accepted.

| | |
|--------------------------------|---|
| Plan drawn to engineer’s scale | Property lines with dimensions (new lots shall show bearings) |
| Site Address | Existing and/or proposed structures shown and identified |
| Zoning of property | Gross building footprint area |
| Existing Use | Gross Floor Area of Buildings |
| Proposed Use | Net and Gross acreage of site |
| Street names shown | Plan Date |

Louisville Metro Planning & Design Services
444 South Fifth St.
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502-574-6230

Fax 502-574-8129



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_____ 5. Fee: \$100 cash, check or charge payable to Louisville Metro Finance.

For Staff Use Only

Date: _____ Staff: _____ Case #: _____

Do not accept application if required materials are not submitted

_____ 6. **If the above information and material are submitted**, enter information into Hansen.

- APPLICATION TYPE IS LUAPP
- Work type is LPACUP (CUP Pre-Application)
- CHECK STATUS AND NEXT STAGE FOR ALL REQUIRED INFORMATION
- Customer cannot proceed to check-out until Customer Service **APPROVAL** is confirmed

_____ 7. Print Case # on the top middle of check in red ink.

_____ 8. Stamp the date received on each page of all materials submitted (**Except LUR form**).

_____ 9. Write the Case number in **RED** in the top center of each page.

_____ 10. Clip material together and put it in the In-Coming Application Tray.

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PRELIMINARY PLAN CHECKLIST

(Items Required for Review)

Project Name _____ Date _____

The purpose of this checklist is to expedite and facilitate the review process. This checklist gives the minimum requirements needed for MSD review. All items shall be checked as included or marked N/A.

The omission of required items may be cause for rejection of the submittal without review.

REQUIRED ITEMS

- | | |
|--|--|
| <input type="checkbox"/> MSD Plan Submittal Application | <input type="checkbox"/> EPSC checklist (if sensitive features exists) |
| <input type="checkbox"/> Location Map | <input type="checkbox"/> Existing Easements |
| <input type="checkbox"/> Owner(s) Name & Address | <input type="checkbox"/> Proposed Easements |
| <input type="checkbox"/> Developer(s) Name & Address | <input type="checkbox"/> Existing Utilities, Sewers & Storm Drainage |
| <input type="checkbox"/> Engineer(s) Name & Address | <input type="checkbox"/> Request for Sanitary Sewer Capacity |
| <input type="checkbox"/> Project Address | <input type="checkbox"/> Soil Type At Final Grade for the Site |
| <input type="checkbox"/> Plan Date | <input type="checkbox"/> SUB/WM number |
| <input type="checkbox"/> Revision Block | <input type="checkbox"/> Landscape Buffer Areas |
| <input type="checkbox"/> Property Boundary | <input type="checkbox"/> Adjacent Property Owners |
| <input type="checkbox"/> Topography of Site + Minimum 50' Surroundings | |
| <input type="checkbox"/> Concept Drainage (Directional Flow Arrows, or Proposed Ditches/Pipes, to Existing Outlet) | |
| <input type="checkbox"/> Detention Basin Location with approximate Size Calculations ($x=CRA/12$). Identify approximate surface area and depth of basin. | |
| <input type="checkbox"/> 100 Year Local Regulatory Floodplain Limits (or FEMA if Local Regulatory Floodplain is Unknown) | |
| <input type="checkbox"/> Concept Sanitary Sewers including identification of Waste Treatment Plant | |

ADDITIONAL INFORMATION/NOTES (IF APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Subject to MSD Plan Review Fee (for projects in Anchorage, Jeffersontown, Prospect, Shively, & St. Matthews, & portions of unincorporated Jefferson County) | |
| <input type="checkbox"/> Subject to MSD Regional Facilities Fee (if detention not required) | |
| <input type="checkbox"/> KDOT Approval Required (if State Highway is affected by development) | |
| <input type="checkbox"/> Detention Notes | <input type="checkbox"/> Sewers by LE Subject to Fees |
| <input type="checkbox"/> Sewers by Connection Subject to Fees | <input type="checkbox"/> COE Wetlands Determination Required |
| <input type="checkbox"/> Sinkhole Geotechnical Analysis Required | <input type="checkbox"/> Special Notes which may Pertain to Project |

**The Engineer that has Stamped & Submitted the plans must sign the checklist.*

*Signature _____ Date _____

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LOUISVILLE AND JEFFERSON COUNTY METROPOLITAN SEWER DISTRICT

MSD USE ONLY: SD PERMIT # _____ WM # _____ SUB # _____ RECORD # _____
 AREA TEAM _____ LOJIC _____ SERVICE AREA _____

PLAN SUBMITTAL APPLICATION

NOTE: Complete Sections 1 & 2 for all preliminary submittals. Complete Sections 1, 2, & 4 for all construction submittals. Use this form for all submittals to the Development Department. This submittal will be reviewed within 14 days of receipt.

SECTION 1: PROJECT INFORMATION – TO BE COMPLETED BY THE APPLICANT

Project Name: _____ Tax Block #: _____
 Project Address: _____ Lot #: _____ Sub Lot #: _____
 Subdivision Name/Lot #: _____ Deed Book: _____ Page #: _____
 Submittal Type: _____ Sanitary Sewer Name of Sewage Treatment Plant: _____
 Owner of Sewage Treatment Plant: _____
 _____ Subdivision _____ Site Plan _____ Single Family _____ Record Plat _____ Minor Plat _____ Easement Plat
 Plan/plat previously submitted? _____ (y/n) If yes, previous project name? _____
 WM # _____ Sub # _____ LE # _____
 Approval Type Requested:
 _____ ESPC _____ Planning/Zoning _____ Construction _____ Foundation Only _____ Composite Grading/Drainage/Tree
 Preservation
 Completed Copy of Appropriate Checklists Attached: _____ (y/n)

SECTION 2: CONTACT INFORMATION – CHECK THE APPROPRIATE BOX TO INDICATE WHO IS TO BE DESIGNATED AS THE PERMITTEE RESPONSIBLE FOR THE LAND DISTURBING ACTIVITY.

Property Owner: _____ Contact Person: _____
 Address (No P.O. Box): _____
 City: _____ State: _____ Zip: _____ Phone(____) _____ Fax(____) _____
Developer: _____ Contact Person: _____
 Address (No P.O. Box): _____
 City: _____ State: _____ Zip: _____ Phone(____) _____ Fax(____) _____
Design Firm: _____ Contact Person: _____
 Engineer/Surveyor: _____
 Address (No P.O. Box): _____

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City: _____ State: _____ Zip: _____ Phone(____) _____ Fax(____) _____



SECTION 3: TO BE COMPLETED BY MSD CUTOMER SERVICE

Sewer Connection (Check all that apply)

Sanitary

- Must Apply
- New
- Existing
- Additional
- Not Applicable
- Private
- Board of Health

Storm

- Must Apply
- New
- Existing
- Additional
- Not Applicable
- Private

Capacity Charge Worksheet Completed: Yes ___ No ___
 Capacity Charges Due \$ _____
 Connection Fees Due \$ _____
 Pending File Started Yes ___ No ___
 Comments: _____

Completed by: _____ Date _____

SECTION 4: REQUIRED SIGNATURES FOR THE SITE DISTURBANCE PERMIT

I/We acknowledge receipt of the terms and conditions of MSD's review and approval submitted with this application. I/We further certify that the information on this form is true and correct and that all required items needed for MSD review have been submitted. The omission of required items shall be cause for rejection of the submittal without review. I/We certify that all land disturbing and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans. I/We certify that a person familiar with plans and holding a certificate of EPSC training shall be onsite during the land disturbing activity. If applicable, the certified construction reviewer shall have full authority to inspect the site and require necessary measures to maintain compliance. I/we hereby grant MSD the right of access to the site at all times for the purpose of onsite inspections during the course of construction and to perform maintenance inspections following the completion of the land disturbing activity.

OWNER/CORPORATION, PARTNERSHIP, LLC (PRINT)

OWNER (SIGNATURE)

DATE

DEVELOPER/CORPORATION, PARTNERSHIP, LLC (PRINT)

DEVELOPER (SIGNATURE)

DATE

NOTE: If the applicant is signing for a Corporation , Partnership or LLC, appropriate documentation authorizing the signature

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