



Louisville Metro Planning & Design Services

DETAILED DISTRICT DEVELOPMENT PLAN & REVISED DISTRICT DEVELOPMENT PLAN 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
- _____ 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. Eleven (11) copies of the Development Plan

Plans 24" x 36" must be folded accordion style into four sections then tri-folded (9" x 9" maximum) with the lower right corner shown.

All plans must include the following minimum information shown on the development plan.

Plan drawn to engineer's scale	Property lines with dimensions (new lots shall show bearings)
North arrow shown	Contour Lines shown on plan (relevant for new construction only)
Vicinity map shown	Existing and/or proposed structures shown and identified
Site address	Required building setbacks with dimensions
Tax Block and Lot Number	Internal pedestrian walkways with dimensions
Zoning of property	Sidewalks in right-of-way with dimensions
Zoning of adjacent properties	Location, ownership, Deed Book & Page # of adjacent property owners
Existing Use	Net and Gross acreage of site
Proposed Use	If residential, provide net & gross density, and number of dwelling units
Street names shown	Dimensions of drive lanes and point of ingress and egress
Right-of-way width shown	Off-street parking including ADA parking spaces shown
Parking Calculations	Typical dimensions of parking spaces and aisles
Gross building footprint area	Off-street loading areas
Gross Floor Area of Buildings	Accessory structures shown with required screening
Existing tree masses	ILA / VUA calculations (if tree canopy plan not required).
Height of structures	Landscape buffer areas in accordance with Chapter 10 of the LDC
Freestanding Signs – existing	Form District and Form District boundaries if nearby
Freestanding Signs – proposed	Form District transition zone shown if required by regulation
Plan Date	Revision Date Box

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444 South Fifth St.
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- _____ 4. One 8½” x 11” reduced copy of the development plan
- _____ 5. A letter of explanation for the proposed development
- _____ 6. A copy of the current Recorded Deed – Every page of the recorded deed must be submitted. The last page should have an “End of Document” stamp. (Some deeds may be obtained at www.jeffersoncountyclerk.org. Click on Online Land Records search until you come to search options, select either option 2 or 3.)
- _____ 7. A label matrix and mailing labels of 1st tier adjoining property owners and those who spoke in opposition at the Planning Commission Public Hearing names and addresses (Property owner information may be obtained from Property Valuation Administrator www.pvalouky.org, click on property search, and type in either the address or the parcel ID. The matrix is a photo copy of the mailing labels.)
- _____ 8. Certificate of Land Use Restriction form
- _____ 9. Completed Metropolitan Sewer District (MSD) “Plan Submittal” Application form (**REQUIRED**).
- _____ 10. Completed Metropolitan Sewer District (MSD) “Preliminary Plan Checklist” (**REQUIRED**).

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11. FEES: Cash, check or charge made payable to Louisville Metro Finance.
All checks must have an address and phone number.

➤ Revised Plans:

Application Fee:	\$ 270.00
Clerk's Fee for Land Use Restriction:	<u>\$ 25.50</u>
Sub-TOTAL	\$ 295.50
Notice Fee @ \$ 1.00 per notice =	+ _____

TOTAL \$ _____

➤ Detailed Plans:

Application Fee:	\$ 270.00
Clerk's Fee for Land Use Restriction:	<u>\$ 25.50</u>
Sub-TOTAL	\$ 295.50
Notice Fee @ \$ 1.00 per notice =	+ _____

TOTAL \$ _____

(Note: If two or more applications requiring a land use restriction form are submitted simultaneously for the same site, only one \$25.50 Clerk's fee is required in addition to the application fees.)

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For Staff Use Only

Date: _____ Staff: _____ Case #: _____

Do not accept application if required materials are not submitted

_____ 12. **If the above information and material are submitted**, enter information into Hansen.

- APPLICATION TYPE IS LUAPP
- Work type is LDDP (Detailed District Development Plan) or LDRRP (Revised District Development Plan)
- CHECK STATUS AND NEXT STAGE FOR ALL REQUIRED INFORMATION
- Enter County Clerk fee on fee tab then insert to calculate fees in total
- Enter Neighborhood Notice fee on fee tab then insert to calculate fees in total
- Customer cannot proceed to check-out until Customer Service **APPROVAL** is confirmed

_____ 13. Print Case # on the top middle of check in red ink.

_____ 14. Stamp the date received on each page of all materials submitted (**Except LUR form**).

_____ 15. Write the Case number in **RED** in the top center of each page.

_____ 16. Clip material together and put it in the In-Coming Application Tray.

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CERTIFICATE OF LAND USE RESTRICTION

Name and address of property owner(s)

Address of Property (if applicable)

Name of Subdivision or Development

Deed Book and Page of last recording _____ X _____

Tax Block and Lot Number _____ X _____

Planning Commission Docket Number or Case Number _____

Type of Restriction

- Zoning Map Conditional Zoning Condition
- Development Plan Subdivision Plan
- Variance Conditional use permit
- Other(Specify) _____

Name and address of Planning Commission, Board of Zoning Adjustment, Legislative body, or Fiscal court which maintains the original records containing the restrictions.

Any questions should be directed to Steve Lutz for Zoning cases, Beth Allen for Subdivisions cases or Steve Hendrix for Variance cases and Conditional Use Permits.

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444 S 5th St
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Dawn Warrick, Assistant Director

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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

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

ADDITIONAL INFORMATION/NOTES (IF APPLICABLE)

- | | |
|---|--|
| _____ Subject to MSD Plan Review Fee (for projects in Anchorage, Jeffersontown, Prospect, Shively, & St. Matthews, & portions of unincorporated Jefferson County) | |
| _____ Subject to MSD Regional Facilities Fee (if detention not required) | |
| _____ KDOT Approval Required (if State Highway is affected by development) | |
| _____ Detention Notes | _____ Sewers by LE Subject to Fees |
| _____ Sewers by Connection Subject to Fees | _____ COE Wetlands Determination Required |
| _____ Sinkhole Geotechnical Analysis Required | _____ 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): _____
 City: _____ State: _____ Zip: _____ Phone(____) _____ Fax(____) _____

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SECTION 3: TO BE COMPLETED BY MSD CUSTOMER SERVICE

Sewer Connection (Check all that apply)

Sanitary

Storm

Must Apply

Must Apply

Capacity Charge Worksheet Completed: Yes ___ No ___

New

New

Capacity Charges Due \$ _____

Existing

Existing

Connection Fees Due \$ _____

Additional

Additional

Pending File Started Yes ___ No ___

Not Applicable

Not Applicable

Comments: _____

Private

Private

Board of Health

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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