



Louisville Metro Planning & Design Services

ZONING 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 Project Name and Engineer/Other if it is not applicable. The Owner's signature is not required at this time.

_____ 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. Standard review - - timeframe for staff review is one month.

_____ Fifteen (15) copies of the site plan

_____ Applicant **MUST** submit the MSD Plan Submittal Application and Checklist.

MSD will not review their plan without the MSD checklist and application.

_____ 4. \$100 in cash, check or charge made payable to Louisville Metro Finance

For Staff Use Only

Do not accept application if required materials are not submitted.

_____ 5. **If the above information and material are submitted**, enter information into Hansen.

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

Louisville Metro Planning & Design Services
444 South Fifth St.
Louisville, KY 40202

502-574-6230

Fax 502-574-8129



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Date: _____ Staff: _____ Case #: _____

Do not accept application if required materials are not submitted.

- _____ 6. Print Case # on the top middle of check in red ink.
- _____ 7. Stamp the date received on each page of all materials submitted (**Except LUR form**).
- _____ 8. Write the Case number in **RED** in the lower left of each page.
- _____ 9. 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): _____
 City: _____ State: _____ Zip: _____ Phone(____) _____ Fax(____) _____

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SECTION 3: TO BE COMPLETED BY MSD CUTOMER 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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