



Louisville Metro Planning & Design Services

MINOR SUBDIVISION PLAT SUBMITTAL REQUIREMENTS

JERRY E. ABRAMSON
MAYOR

CHARLES C. CASH, JR.,
DIRECTOR

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

Note: Do not accept a plat without an address. If there is not an existing address for the site, advise applicant to contact the Addressing Team for Planning & Design Services at 574-6230.

Applicant

PDS
ONLY

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Completed Planning & Design Application <ul style="list-style-type: none"> • A response should be inserted in all blanks on the form or the application should not be accepted. • “N/A” (not applicable) may be an appropriate response for “List any related cases” <u>only</u>. • The application must be signed by the person who completes the form. |
| _____ | _____ | 2. A completed Metropolitan Sewer District (MSD) Plan Review Application & Preliminary Checklist (REQUIRED) |
| _____ | _____ | 3. Eight (8) copies of the Minor Subdivision Plat |
| _____ | _____ | 4. A justification statement is required for all waivers requested for this plat. |
| _____ | _____ | 5. \$125 for standard format plats
\$200 for large format plats
Cash, check charge made payable to Louisville Metro Government
Note: Will require an additional \$75 fee at a later date if waivers are needed |
| _____ | _____ | 6. Development Information Sheet (This can be obtained from www.lojic.org , click on Interactive Map, then Standard Information Map. Click on the green <i>i</i> on the left of your map, then click on your property.) |

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

502-574-6230

Fax 502-574-8129



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For Staff Use Only

Date: _____ Staff: _____ Case #: _____

Do not accept application if required materials are not submitted

____ 7. Enter info into Hansen for a case number

____ 8. Write Case number in top center of check

____ 9. **Do not** stamp date received on Minor Plats; write Case Number in **RED INK** bottom right-hand corner. Clip documents together and place 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

- | | |
|---|---|
| _____ 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 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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