

City of Springfield
127 West Main Street
Springfield, KY 40069
PH: 859-336-5440 FAX: 859-336-5455

APPLICATION FOR PLAT APPROVAL

Type of Approval Sought:
Preliminary _____
Final _____

Application Date: _____ Application Fee: _____

Name and Address of Applicant: _____

Phone Number _____

Number of Lots in Subdivision: _____

Lot Size: (Refer to minimum in Ordinance) _____

Total Acres in Subdivision: _____

Number of Streets in Subdivision: _____

What Improvements do you plan to provide: _____

Attach Plat as applicable according to all restrictions in City Ordinance.

Applicant's Signature

Date

OFFICE USE ONLY

Permit Approved _____ Denied _____ Variance Needed _____

Date Reviewed: _____

Permit Fee: _____

Zoning Enforcement Officer: _____

Permit fee of \$ _____ paid on _____, 20____.

Reviewed by Planning Commission on _____ (if applicable)