

**PRELIMINARY PLAT REVIEW**  
**BOONE COUNTY PLANNING COMMISSION**

**One (1) full set of paper plans and one (1) full set of plans in pdf file format are required**

**An application consists of all fees paid in full, submitted drawings, pdf file  
and a completed application form**

**SECTION A:** (To be completed by applicant)

1. Name of Subdivision: \_\_\_\_\_

2. Phase/Section Number: \_\_\_\_\_

3. Street Location of Subdivision: \_\_\_\_\_

4. Area (acres): \_\_\_\_\_ or Number of Lots: \_\_\_\_\_

5. Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

6. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

7. Is the site subject to a zone change:  Yes  No

8. Current Zoning of Property: \_\_\_\_\_

9. \_\_\_\_\_  
Deed Book \_\_\_\_\_ Page Number \_\_\_\_\_ Group Number

10. Have you had a pre-application meeting with the BCPC staff:  Yes  No

11. Have you met or received preliminary approval from any of the following organizations/agencies (check all that apply):

Prior to the design of a proposed subdivision, the applicant or subdivider is recommended to submit copies of the Preliminary Plat to the appropriate organizations/agencies prior to approval by the Boone County Planning Commission.

- |   |   |
|---|---|
| <input type="checkbox"/> Boone County Public Works Department   | <input type="checkbox"/> Kentucky Transportation Cabinet              |
| <input type="checkbox"/> Boone County Water District  | <input type="checkbox"/> Northern Kentucky Health Department          |
| <input type="checkbox"/> Cincinnati Bell  | <input type="checkbox"/> Owen Cooperative Electric, Inc.              |
| <input type="checkbox"/> Cincinnati/Northern Kentucky International Airport (Kentucky Airport Zoning Commission for height restrictions near the airport) | <input type="checkbox"/> Sanitation District No. 1                    |
| <input type="checkbox"/> Duke Energy  | <input type="checkbox"/> USDA NRCS/Boone County Conservation District |
| <input type="checkbox"/> Florence Public Services Department  | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Kentucky Division of Water   |   |

12. Subdivision Jurisdiction/Location (check all that apply):  
 Unincorporated Boone     Florence     Walton     Union

13. Review Fees

- |           |   |
|-----------|---|
| \$700.00  | Flat fee for single-family detached residential subdivisions with less than 20 acres and 50 units |
| + \$9.00  | Per lot/dwelling unit   |
| + \$66.00 | Certificate of Land Use Restriction (CLUR)  |
|           |   |
| \$800.00  | Flat fee for single-family detached residential subdivisions with more than 20 acres and 50 units |
| + \$9.00  | Per lot/dwelling unit   |
| + \$66.00 | Certificate of Land Use Restriction (CLUR)  |
|           |   |
| \$800.00  | Flat fee for single-family attached residential subdivisions                                      |
| + \$9.00  | Per lot/dwelling unit   |
| + \$66.00 | Certificate of Land Use Restriction (CLUR)  |
|           |   |
| \$900.00  | Flat fee for office, commercial, or industrial subdivisions                                       |
| + \$10.00 | Per lot/dwelling unit   |
| + \$66.00 | Certificate of Land Use Restriction (CLUR)  |

Revisions: 80% of the original fee

Total Review Fee: \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**SECTION B:** (To be completed by Planning Commission staff)

1. Date Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

2. Number of Copies Received: \_\_\_\_\_

3. Is application complete:  Yes  No

4. Staff Reviewer: \_\_\_\_\_

5. Staff Action: \_\_\_\_\_ Date of Action: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with Conditions (see #6)

\_\_\_\_\_ Denial (See #7)

6. Conditions of Approval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Reasons for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Boone County Planning Commission  
Boone County Administration Building  
2950 Washington Street, Room 317  
P.O. Box 958  
Burlington, Kentucky 41005  
Phone: 859-334-2196 Fax: 859-334-2264  
[plancom@boonecountyky.org](mailto:plancom@boonecountyky.org)  
[www.boonecountyky.org](http://www.boonecountyky.org)

**TIME LIMIT WAIVER REQUEST**  
**BOONE COUNTY PLANNING COMMISSION**

**Waiver of 30 day time requirement by applicant  
and property owner for final planning commission action**

**SECTION A:** (To be completed by applicant)

1. Name of Project: \_\_\_\_\_

2. Location of Project: \_\_\_\_\_

3. Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

4. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

We, the applicant(s) and property owner(s) for the above referenced Site Plan application, waive the thirty (30) day time frame for Planning Commission action required by Section 3003 of the Boone County Zoning Regulations for said application. This time limit waiver is considered effective immediately upon receipt and approval by the Boone County Planning Commission and expires on: \_\_\_\_\_

It is understood that if the revised plans which address all outstanding requirements are not submitted by this date, the application may be denied in accordance with Article 30 of the Boone County Zoning Regulations.

**ORIGINAL Property Owner's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**ORIGINAL Applicant's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**SECTION B:** (To be completed by Planning Commission staff)

1. Date Received: \_\_\_\_\_
2. Original Site Plan Application Date: \_\_\_\_\_
3. BCPC Time Waiver Action: \_\_\_\_\_
4. BCPC Time Waiver Action Date: \_\_\_\_\_

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