



CITY OF LOUISVILLE
Application for Planning Commission Review

Submission Date: _____ **Date of Meeting:** _____

Type of Submittal (Check all that apply): Site Plan; Replat; Alley/Vacation; Variance(s);
 Preliminary Plat; Final Plat; Zoning Change; Conditional Use; Other (explain) _____

Project Name: _____ **Location:** _____
Lot Number(s): _____ **Parcel Number(s):** _____

Property Owner's Name: _____ **Phone:** _____

Address: _____

Email: _____

Professional Contact Name (Engineer, Surveyor, Architect, etc.): _____

Professional Contact's Firm: _____

Address: _____

Phone: _____ **Email:** _____

Primary Contact Name: _____ **Phone:** _____
(Person the City should contact regarding the project.)

Address (if different than above): _____

Phone: _____ **Email:** _____

I do hereby attest that all statements, signatures, descriptions, and exhibits submitted with this application are true and accurate to the best of my knowledge and that I am authorized to file this application and act on behalf of the property owner.

Signature of Applicant

Signature of the Property Owner (If not the applicant)