

CONVEYANCE PLAT REVIEW
BOONE COUNTY PLANNING COMMISSION

Three (3) copies of submitted drawings are required

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

If the surveyor wants their original drawing (e.g., mylar, transparency, tracing paper, or vellum) signed by an officer of the Boone County Planning Commission, then it may also be submitted in addition to the three copies

SECTION A: (To be completed by applicant)

Fee: \$250.00 For each reviewed lot

1. Name of Site/Subdivision: _____

2. Location of Site/Subdivision: _____

3. Area (acres): _____ or Number of Lots: _____

4. Current Owner: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

5. Applicant: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

6. Current Zoning of Property: _____

7. _____

Deed Book

Page Number

Group Number

8. Is the site subject to any of the following (check all that apply):

Conditional Use Permit Variance Map Amendment

If yes, date of action: _____

9. Is the submitted Conveyance Plat a revision of a previously recorded Conveyance Plat:

Yes No

If yes, list recorded date: _____

10. Subdivision Jurisdiction/Location (check all that apply):
 Unincorporated Boone Florence Walton Union
11. This conveyance of land may require the dedication of additional street right-of-way. A waiver of this regulation/requirement is possible (see the Boone County Subdivision Regulations).
12. I, or we, understand and agree that the submitted plat will meet the requirements of the Boone County Subdivision 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: _____ 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 #9)
_____ Denial (See #10)
6. Staff Reviewer's Signature: _____
7. Date of Officer's Signature: _____
8. Date Applicant Picks Up Copies: _____
9. Conditions of Approval: _____

10. Reasons for Denial: _____

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Burlington, Kentucky 41005
Phone: 859-334-2196 Fax: 859-334-2264
plancom@boonecountyky.org
www.boonecountyky.org

NOTE: Approval, Approval With Conditions, or Denial shall occur within ten (10) working days from the date of submittal. Once reviewed and approved by staff, the Chairman, Vice-Chairman, or Secretary/Treasurer of the Boone County Planning Commission will sign the approved copies.