



**City of Jeffersontown
PLANNING AND DESIGN REVIEW APPLICATION**



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

- | | |
|---|--|
| <input type="checkbox"/> MSD Plan Submittal Application | <input type="checkbox"/> EPSC checklist (if sensitive features exists) |
| <input type="checkbox"/> Location Map | <input type="checkbox"/> Existing Easements |
| <input type="checkbox"/> Owner(s) Name & Address | <input type="checkbox"/> Proposed Easements |
| <input type="checkbox"/> Developer(s) Name & Address | <input type="checkbox"/> Existing Utilities, Sewers & Storm Drainage |
| <input type="checkbox"/> Engineer(s) Name & Address | <input type="checkbox"/> Request for Sanitary Sewer Capacity |
| <input type="checkbox"/> Project Address | <input type="checkbox"/> Soil Type at final Grade for the Site |
| <input type="checkbox"/> Plan Date | <input type="checkbox"/> SUB/WM Number |
| <input type="checkbox"/> Revision Block | <input type="checkbox"/> Landscape Buffer Areas |
| <input type="checkbox"/> Property Boundary | <input type="checkbox"/> Adjacent Property Owners |
| <input type="checkbox"/> Topography of Site + Minimum 50' Surroundings | |
| <input type="checkbox"/> Concept Drainage (Directional Flow Arrows, or Proposed Ditches/Pipes, to Existing Outlet) | |
| <input type="checkbox"/> Detention at Location with approximate Size Calculations (x-CRA/12). Identify approximate surface area and depth of basin. | |
| <input type="checkbox"/> 100 year Local Regulatory Floodplain Limits (or FEMA if Local Regulatory Floodplain is Unknown) | |
| <input type="checkbox"/> Concept Sanitary Sewers including identification of Waste Treatment Plant | |

ADDITIONAL INFORMATION/NOTES (IF APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Subject to MSD Plan Review Fee (for projects in Anchorage, Jeffersontown, Prospect, Shively, & St. Matthews, & portions of unincorporated Jefferson County) | |
| <input type="checkbox"/> Subject to MSD Regional Facilities Fee (if detention not required) | |
| <input type="checkbox"/> KDOT Approval Required 9if State Highway is affected by development) | |
| <input type="checkbox"/> Detention Notes | <input type="checkbox"/> Sewers by LE Subject to Fees |
| <input type="checkbox"/> Sewers by Connection Subject to Fees | <input type="checkbox"/> COE Wetlands Determination Required |
| <input type="checkbox"/> Sinkhole Geotechnical Analysis Required | <input type="checkbox"/> 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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MSD USE ONLY:	SD PERMIT # _____	WM # _____	RECORD # _____
	AREA TEAM _____	LOGIC _____	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 # _____

Physical 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? ____ Yes ____ No If yes, previous project name? _____

Approval Type Requested:

____ ESPC ____ Planning/Zoning ____ Construction ____ Foundation Only

____ Composite Grading/Drainage/Tree Preservation

Completed Copy of Appropriate Checklists Attached ____ Yes ____ No

SECTION 2: CONTACT INFORMATION—CHECK THE APPROPRIATE BOX TO INDICATE WHO IS TO BE DESIGNATED AS THE PERMITTEE RESPONSIBLE FOR THE LAND DISTRIBUTING 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 _____

Address (No P.O. Box) _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____



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SECTION 3: TO BE COMPLETED BY MSD CUSTOMER SERVICE

Sewer Connection (Check all that apply)

<u>Sanitary</u>	<u>Storm</u>	Capacity Change Worksheet Complete ___ Yes ___ No
___ Must Apply	___ Must Apply	Capacity Charges Due \$ _____
___ New	___ New	Connection Fees Due \$ _____
___ Existing	___ Existing	Pending File Started ___ Yes ___ No
___ Additional	___ Additional	Comments _____
___ Not Applicable	___ Not Applicable	_____
___ 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 plants. 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 ot 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.