URBAN SERVICE BOUNDARY APPLICATION

APPLICATION REVIEW FEE: \$75

230 E. Main Street, Georgetown, KY 40324

Phone (502) 867-3701

Fax (502) 867-3725

| FOR OFFICIAL USE ONLY: APPLICATION NO: | DATE F | FEE RECEIVED: |
|--|--------------------|---|
| 1. APPLICANT NAME | | |
| | | |
| PHONE NO. | | EMAIL |
| 2. TYPE OF REQUEST (Chec | ck one or more) | □ INCLUSION IN THE URBAN SERVICE BOUNDARY |
| | I | □ EXCLUSION FROM THE URBAN SERVICE BOUNDARY |
| 3. SUBJECT PROPERTY ADDR | RESS / PARCEL NUM | IBER / LEGAL DESCRIPTION: |
| 4. JURISDICTION (Please Circle | e) Georgetown / Sa | adieville / Stamping Ground / Scott County |
| | | |
| 7. PROPOSED FUTURE LAND | USE CATEGORY | |
| | • | fication for the inclusion or exclusion from the urban service boundary, and attach any supplemental documents to the back of this page) |
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| APPLICANT OR REPRES | SENTATIVE MUST F | BE PRESENT AT MEETING FOR THE PLANNING COMMISSION TO |
| A PEROMITOR NEI MEG | | ONSIDER APPLICATION |
| · · · · · · · · · · · · · · · · · · · | • | oplication and supporting attachments is true and correct. I acknowledge that if I er the hearing. If the applicant is not the owner of the project site, an affidavit will |
| APPLICANT | | |