CITY OF FORT THOMAS, KENTUCKY
130 N. FT. THOMAS AVENUE
FT. THOMAS, KENTUCKY 41075

PLANNING COMMISSION

PRELIMINARY SUBDIVISION PLAN

Subdivision Name: _____

Street Name/Address: _____

Number of Proposed Lots: _____

Developer: _____Phone No._____

Adress:_____

Owner: _____ Phone No: _____

Address:_____

Engineer:_____ Phone No:_____

Builder:_____ Phone No:_____

Area_____ AC. Present Zoning_____ Minimum Lot Size_____ Min. Lot Width_____

BUILDINGS – DESCRIPTION:

No. of Stories_____ Average Area_____ Sq. Ft.

Height_____ Type of Construction_____

Proposed Street Width_____ Pavement Type_____

Proposed Street Grade_____ Curbs_____

Sanitary Sewer Service_____ Size_____

Storm Drainage_____ Size_____

Water Service_____ Size_____

Sidewalks_____ No. of Hydrants_____

Other Utilities_____

Underground or Overhead_____

DATE RECEIVED BY CITY OF FT. THOMAS_____

TENTATIVE HEARING DATE:_____

_____ _____

Signature of Applicant **Date** **Signature of City Official** **Date**

08/2007