ANNEXATION REQUEST APPLICATION

Corbin Planning & Zoning Commission Corbin, KY 40701

Name of Applicant:		
Mailing Address:		
Phone Number:	Date:	
Present Zone:	Present Use:	
Proposed Zone:	Proposed Use:	
Attorney (if any):		
Adjacent Property Zone North		
South		
Last		
West		
City Services Status: Sewers Refuse Water Electric Gas Fire, Police Storm Sewers ADDITIONAL ATTAC	HMENTS:	
surrounding land uses a	· •	id effect of proposed annexation on
Legal Description and/o	r Survey Plat of Pro	operty.
A Development Plan Ma	y Be Required By	Γhe Planning Commission.
Copy of Recorded Deed	with Deed Book an	d Page Number.
Any Additional Pertinen	it Information.	

Annexation Request Application Page 2 LIST ALL ADJOINING PROPERTY OWNERS AND ADDRESSES: I do hereby certify, to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and correct. I further certify I am owner of this property. Signature Date SWORN to and subscribed before me this ______ day of _______, 20 . _____ Notary ID# ____ **Notary Public, State of Kentucky My Commission Expires:** FOR OFFICIAL USE ONLY Date Filed:____ Date of Notice to Parties in Interest: Date of Notice to Newspaper:____ Final Conclusion: