



Street & Alley Closure Pre-Application

Louisville Metro Planning & Design Services

Case No.: 16 STREETS 1000 Intake Staff: SL

Date: 1/14/16 Fee: \$ 130

Pre-applications are due on Mondays at 2:00 p.m. in order to be processed that week. Once complete, please bring the pre-application and supporting documentation to: Planning and Design Services, 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

Checklist:

- Land Development Report Land Development Reports can be obtained online by entering the site address at: <http://ags2.lojic.org/lojiconline/>
- Twelve copies of the plat (drawn to engineer's scale), including the following elements:
 - Title of the plat
 - Vicinity Map
 - Area proposed for permanent closure outlined in a heavy, solid line and cross-hatched to clearly identify the area
 - Surveyor's name and address
 - Legend
 - Property lines with bearings and distances
 - Source of title, if applicable
 - Plat Scale
 - Location, ownership, mailing address, deed book & page of all adjacent property owners
 - Plan date
 - Right of way, with widths shown
 - Existing MSD Easements
 - Revision date
 - Net and gross acreage of site
 - Proposed MSD Easements
 - North Arrow
 - Land Surveyor's Certificate
- \$130 pre-application fee (cash, charge or check made payable to Planning & Design Services)
- Notice of filing of this application is required to be mailed to all property owners adjacent to the affected street or alley extending to the nearest intersecting street, and all governmental units having jurisdiction within 17 days of the filing deadline day. A copy of the notice should be provided to Planning & Design Services as soon as possible to be emailed to the Council District notification list. A notice template can be found on the Planning & Design website.

Project Information:

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Project Name: Gladstone Street Closure

Street/Alley Name: Gladstone ave

Location of street/alley: Between drabon and Kinder ave

The street/alley contains .644 acres.

Has the property been the subject of a previous development proposal (e.g., rezoning, variance, appeal, conditional use permit, minor plat, etc.)? *This information can be found in the Land Development Report (Related Cases).* Yes No

If yes, please list the docket/case numbers:

Docket/Case #: _____ Docket/Case #: _____



Street & Alley Closure Application

Louisville Metro Planning & Design Services

Case No.: 16STREETS1000

Intake Staff: A

Date: 3/9/16

Fee: \$215

Applications are due on Mondays at 2:00 p.m. in order to be processed that week. Once complete, please bring the application and supporting documentation to: Planning and Design Services, located at 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign>.

Street/Alley Name: Gladstone Ave

Location (e.g. nearest intersecting streets): Landon ave + Drayton

Number of Adjoining Property Owners: 5

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Please submit the following items:

- Notarized signatures of:
 - Property owners representing at least 51% of all property owners whose property is adjacent to the affected street or alley, OR
 - Property owners representing more than 51% of the linear street frontage.

Note: Sample consent form can be found on last page
- A written justification statement detailing why the proposed closure is in compliance with the Comprehensive Plan and addressing provisions for adequate public facilities
- One set of mailing label sheets for: all property owners adjacent to the affected street or alley extending to the nearest intersecting street, and all governmental units having jurisdiction.
Adjoining property ownership information can be found at the Property Valuation Administrator (PVA) office at 531 Court Place, Suite 504 or via their website: <https://jeffersonpva.ky.gov/>
- One copy of the mailing label sheets
- Four copies of a metes and bounds legal description of the area proposed for closure signed and sealed by a registered land surveyor in the Commonwealth of Kentucky
- Four copies of a plat (drawn to engineer's scale) that describes the area proposed for permanent closure, including the following elements:

<input type="checkbox"/> Title of the plat	<input type="checkbox"/> Vicinity Map	<input type="checkbox"/> Area proposed for permanent closure outlined in a heavy, solid line and cross-hatched to clearly identify the area
<input type="checkbox"/> Surveyor's name and address	<input type="checkbox"/> Legend	<input type="checkbox"/> Property lines with bearings and distances
<input type="checkbox"/> Source of title, if applicable	<input type="checkbox"/> Plat Scale	<input type="checkbox"/> Location, ownership, mailing address, deed book & page of all adjacent property owners
<input type="checkbox"/> Plan date	<input type="checkbox"/> Street/alley names	<input type="checkbox"/> Existing MSD Easements
<input type="checkbox"/> Revision date	<input type="checkbox"/> Right of way, with widths shown	<input type="checkbox"/> Proposed MSD Easements
<input type="checkbox"/> North Arrow	<input type="checkbox"/> Net and gross acreage of site	<input type="checkbox"/> Land Surveyor's Certificate

Docket/Case #: _____ Docket/Case #: _____
*View agency comments at: <http://portal.louisvilleky.gov/codesandregs/mainsearch>. Enter your case number in the 'Permit/Case/Docket Number' search bar and then select your case under the 'Application Number' tab.

Contact Information:

Owner: Check if primary contact **Applicant:** Check if primary contact
Name: Eric + Gemma Ruckriegel Name: _____
Company: _____ Company: _____
Address: 2618 Drayton Dr Address: _____
City: Louisville State: KY Zip: 40205 City: _____ State: _____ Zip: _____
Primary Phone: 502-454-7410 Primary Phone: _____
Alternate Phone: _____ Alternate Phone: _____
Email: ruckriegelg@bellsouth.net Email: _____
Owner Signature (required): Gemma C. Ruckriegel

Attorney: Check if primary contact **Plan prepared by:** Check if primary contact
Name: _____ Name: _____
Company: _____ Company: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Primary Phone: _____ Primary Phone: _____
Alternate Phone: _____ Alternate Phone: _____
Email: _____ Email: _____

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Certification Statement: A certification statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application.

I, _____, in my capacity as _____, hereby
representative/authorized agent/other

certify that _____ is (are) the owner(s) of the property which
name of LLC / corporation / partnership / association / etc.

is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

16 STREETS 1000

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Contact Information:

Owner: Check if primary contact

Applicant: Check if primary contact

Name: Shannon Morrison

Name: _____

Company: _____

Company: _____

Address: 2620 Drayton Dr.

Address: _____

City: Louisville State: KY Zip: 40205

City: _____ State: _____ Zip: _____

Primary Phone: 502 772 4426

Primary Phone: _____

Alternate Phone: 502 727 6409

Alternate Phone: _____

Email: stump6@outlook.com

Email: _____

Owner Signature (required): [Signature]

Attorney: Check if primary contact

Plan prepared by: Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

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Contact Information:

Owner: Check if primary contact

Applicant: Check if primary contact

Name: Steve Bourgeois

Name: _____

Company: _____

Company: _____

Address: 2626 Drayton Dr.

Address: _____

City: Louisville State: ky Zip: 40205

City: _____ State: _____ Zip: _____

Primary Phone: 502-432-0987

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: Bourgeoisllc.sb@gmail.com

Email: _____

Owner Signature (required): 

Attorney: Check if primary contact

Plan prepared by: Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

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Contact Information:

Owner: Check if primary contact

Applicant: Check if primary contact

Name: Penny O'Dea

Name: _____

Company: _____

Company: _____

Address: 2623 Landor Ave

Address: _____

City: Louisville State: Ky Zip: 40205

City: _____ State: _____ Zip: _____

Primary Phone: 502.262.6878

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: pennyodea@gmail.com

Email: _____

Owner Signature (required): [Signature]

Attorney: Check if primary contact

Plan prepared by: Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

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Signature: _____ Date: _____

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Contact Information:

Owner: Check if primary contact

Applicant: Check if primary contact

Name: Neville Gough

Name: _____

Company: IPA

Company: _____

Address: 2621 Landon Ave

Address: _____

City: Louisville State: ky Zip: 40205

City: _____ State: _____ Zip: _____

Primary Phone: (502) 901-5978

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: n.gough@ipa-development.net

Email: _____

Owner Signature (required): [Signature]

Attorney: Check if primary contact

Plan prepared by: Check if primary contact

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Primary Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: _____

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is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature: _____ Date: _____

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