



LOUISVILLE AND JEFFERSON COUNTY
METROPOLITAN SEWER DISTRICT

MSD USE ONLY: SD PERMIT # _____ WM # _____ SUB # _____ RECORD # _____
AREA TEAM _____ LOJIC _____ 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 #: _____
Project Address: _____ Sub-Block #: _____ 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? _____(y/n) If yes, previous project name? _____
WM# _____ Sub# _____ LE# _____
Approval Type Requested:
☐ ESPC ☐ Planning/Zoning ☐ Construction ☐ Foundation Only ☐ Composite Grading/Drainage/Tree Preservation
Completed Copy of Appropriate Checklists Attached: _____ (y/n)

SECTION 2: CONTACT INFORMATION – CHECK THE APPROPRIATE BOX TO INDICATE WHO IS TO BE DESIGNATED AS THE PERMITTEE RESPONSIBLE FOR THE LAND DISTURBING 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: _____
Engineer/Surveyor: _____ Phone:(____) _____ Fax:(____) _____
Address: _____
City: _____ State: _____ Zip: _____

SECTION 3: TO BE COMPLETED BY MSD CUSTOMER SERVICE

Sewer Connection (Check all that apply)

☐Sanitary

☐Must Apply

☐New

☐Existing

☐Additional

☐Not Applicable

☐Private

☐Board of Health

☐Storm

☐Must Apply

☐New

☐Existing

☐Additional

☐Not Applicable

☐Private

Capacity Charge Worksheet Completed: Yes ____ No ____
Capacity Charges Due \$ _____
Connection Fees Due \$ _____
Pending File Started: Yes ____ No ____
Comments : _____

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 his 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 plans. 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 to 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 must be attached.