## HOPKINS COUNTY NOTES AND CERTIFICATIONS FOR MINOR PLATS

FLOODPLAIN NOTE:
THIS PROPERTY IS/IS NOT LOCATED IN A FLOOD HAZARD AREA AS DETERMINED ON COMMUNITY PANEL NUMBER:,
EFFECTIVE DATE:, ZONE
HEALTH DEPARTMENT NOTE:
ALL LOTS ARE SUBJECT TO THE INDIVIDUAL SEWAGE DISPOSAL SYSTEM REQUIREMENTS OF THE KENTUCKY DEPARTMENT OF HEALTH.
If driveway connections are to be made on a state road, include the following note and certification:
DRIVEWAY CONNECTION NOTE:
ALL MODIFICATIONS OF AN EXISTING ENTRANCE OR THE CONSTRUCTION OF A NEW ENTRANCE TO THE STATE MAINTAINED HIGHWAY WILL REQUIRE AN ENCROACHMENT PERMIT OBTAINED FROM THE KY DEPT. OF HIGHWAYS, DISTRICT 2.
HIGHWAY DEPARTMENT CERTIFICATION:
I HEREBY CERTIFY THAT ALL LOTS HAVE BEEN EVALUATED ACCORDING TO KENTUCKY DEPARTMENT OF HIGHWAYS SIGHT DISTANCE REQUIREMENTS AS NOTED IN THE KY DEPARTMENT OF HIGHWAYS PERMITS MANUAL, SECTIONS PE-401 & PE-9008. ENTRANCES NOT MEETING MINIMUM SIGHT DISTANCE REQUIREMENTS HAVE BEEN IDENTIFIED ON THE SITE PLAN.
DATE SIGNATURE

## PLANNING COMMISSION CERTIFICATION: I HEREBY CERTIFY THAT THIS RECORD PLAT WAS APPROVED BY THE HOPKINS COUNTY JOINT PLANNING COMMISSION ON \_\_\_\_\_\_, 20\_\_\_\_\_ AND IS NOW READY FOR RECORDING. Signature Date **CERTIFICATION OF ACCURACY:** I HEREBY CERTIFY THAT THIS PLAT WAS PREPARED BY ME OR UNDER MY DIRECTION: THAT ALL MONUMENTS INDICATED HEREON ACTUALLY EXIST: THAT THE INFORMATION SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THIS IS A CLASS SURVEY COMPLETED BY \_\_\_\_\_ METHOD; AND THAT ALL REQUIREMENTS OF THE SUBDIVISION REGULATIONS HAVE BEEN FULLY COMPLIED WITH. Licensed Surveyor Stamp Date OWNER'S CERTIFICATION: I (WE) DO HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE RECORD OF THE PROPERTY PLATTED HEREIN WHICH IS RECORDED IN DEED BOOK , PAGE , IN THE HOPKINS COUNTY CLERK'S OFFICE, DO HEREBY ADOPT THIS PLAN FOR SUBDIVISION OF THIS PROPERTY, AND DO

HEREBY ESTABLISH AND RESERVE THE INDICATED EASEMENTS FOR PUBLIC

Date

UTILITIES AND DRAINAGE PURPOSED.

Signature