



PLANNING AND ZONING COMMISSION APPLICATION

CASE NUMBER _____

DATE RECEIVED _____

HEARING DATE _____

A. GENERAL INFORMATION (PRINT OR TYPE)

1. Name of person or entity requesting hearing _____

Address _____

Telephone number that can be reached
between 8:30 a.m. and 4:30 p.m. _____

2. Address of subject property _____

3. Fee Owners of subject property. Submit names, addresses and telephone
numbers:

4. Has subject property been subject to previous Planning and Zoning hearings:

Yes _____ No _____ (If yes, attach application number and brief
explanation)

5. Attach site plan if required by Zoning Administrator.

Required _____ Not required _____

**B. TYPE OF HEARING REQUESTED (CHECK APPLICABLE
CATEGORY)**

____ 1. **MAP AMENDMENT** (nine copies of site plan required)

Legal description: (attach additional sheets if needed)

- a. Current zoning of property _____
- b. Proposed zoning of property _____.

2. **TEXT AMENDMENT**

- a. Section (s) of Zoning Ordinance of proposed change:

- b. Proposed text changes (attach additional sheets if needed)

3. **DEVELOPMENT PLAN REVIEW**

- a. Nine copies of development plan are required to be submitted with the application

- b. Legal Description (attach additional sheets if needed)

I hereby depose and say under the penalties of perjury that all of the statements contained in or submitted with this application are true.

Owner's or duly authorized legal agent's signature

City of _____
County of _____
Commonwealth of Kentucky

Subscribed and sworn to before me this _____ day of _____, 2003.

Notary Public

My Commission expires _____