

VERSAILLES-MIDWAY-WOOFORD-COUNTY BOARD of ADJUSTMENTS

APPLICATION FOR VARIANCE



Application Number: _____

Pre-Application Meeting Date: _____

Date Application Filed: _____

Public Hearing Meeting Date: _____

APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): _____

Names of Officers, Directors, Shareholders or Members (If Applicable):

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

2) PROPERTY OWNER(S) NAME(S): _____

Mailing Address: _____

Phone Number: _____

Cell Number: _____

E-Mail Address: _____

PLEASE USE ADDITIONAL PAGES IF NEEDED

3) APPLICANT(S) ATTORNEY: _____

Name of Law Firm: _____

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

PROPERTY INFORMATION

Property Address: _____

PVA Parcel Number: _____

Acreage: _____

Current Zoning: _____

VARIANCE REQUEST

Please describe, in detail, the Variance being requested:

PROPOSED SITE CONDITIONS

Please provide a list of all proposed conditions for the subject property:

FINDINGS REQUIRED FOR VARIANCE

In order for the Board of Adjustments to grant a variance, it must make findings of fact in support of its approval. Please list the reasons that the variance would not adversely affect the public health, safety and welfare, and why it will not alter the essential character of the general vicinity, and will not cause a hazard or nuisance to the public.

How the requested variance(s) arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;

How the strict application of the provisions of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; or

How the circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.

APPLICATION CHECKLIST

- A completed and signed Application
- A surveyed exhibit depicting the various portion(s) of the property to be utilized for the proposed conditional use, including buildings, travelways, parking areas, etc. (Please include: two (2) - 18" x 24" copies and two (2) - 11" x 17" copies)
- Adjacent Property Owners Form
- Filing and Recording Fees

APPLICANT'S CERTIFICATION

I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. Please attach additional signature pages if needed.

Signature of Applicant(s) and Property Owner(s):

Date:

1) _____

(please print name and title)

2) _____

(please print name and title)

The foregoing signatures constitute all of the owners of the affected property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property. Please use additional signature pages, if needed.

REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED

Application Fee: _____

Land Use Certificate Fee: _____

Date Fees Received: _____

Submit Application to:

Versailles-Midway-Woodford County Planning Commission

103 South Main Street, Suite 204

Versailles, KY 40383

859.873.8611

www.woodfordplanning.org