

VERSAILLES-MIDWAY-WOODFORD COUNTY PLANNING COMMISSION  
APPLICATION FOR ZONING MAP AMENDMENT



Docket 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: \_\_\_\_\_

**ZONING MAP AMENDMENT REQUEST**

*Please describe, in detail, the proposed use and desired zoning district request of the property being considered:*

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**PROPOSED ZONE CHANGE CONDITIONS**

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

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**FINDINGS REQUIRED FOR ZONING MAP AMENDMENT**

*In order for the Planning Commission to make a recommendation for a zoning map amendment, it must make findings of fact in support of its recommendation. Please provide a detailed explanation as to:*

- How the proposed zoning map amendment is in agreement with the 2018 Comprehensive Plan, including compliance with the adopted applicable Land Use District Map;
- Why the original zoning classification of the property in question is inappropriate or improper; or
- What major economic, physical or social changes, if any, have occurred in the vicinity of the property in question that were not anticipated by the Comprehensive Plan and which have substantially altered the basic character of the area, which make the proposed amendment to the Official Zoning Map appropriate. This explanation shall contain a list of such specific changes, a description as to how said changes were not anticipated by the comprehensive plan, a description as to how said changes have altered the basic character of the area and a description as to how said changes make the proposed amendment to the official zoning map appropriate.

*Please check (✓) one of the above findings of fact and cite specific evidence to address such finding in the space provided below. Please attach additional sheets if more space is needed.*

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**APPLICATION CHECKLIST**

- A completed and signed Application
  - An exhibit prepared by a licensed surveyor depicting the various portion(s) of the property to be included in the proposed zoning map amendment (Please include: two (2) - 18" x 24" copies and two (2) - 11" x 17" copies)
  - Adjacent Property Owners Form
  - Water/Sewer/ Floodplain Verification Letter(s)
  - Filing and Recording Fees
  - Proposed Zone Change Conditions, signed and notarized
  - Concept Plan, or Preliminary Site Plan (Please include: two (2) - 11" x 17" copies)
  - Traffic Impact Study, if required
  - Geologic Analysis (Phase I), if required
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**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):

1) \_\_\_\_\_

\_\_\_\_\_  
*(please print name and title)*

\_\_\_\_\_ *Date:*

2) \_\_\_\_\_

\_\_\_\_\_  
*(please print name and title)*

\_\_\_\_\_ *Date:*

*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.*

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**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