VERSAILLES-MIDWAY-WOODFORD COUNTY PLANNING COMMISSION

APPLICATION FOR ZONING MAP AMENDMENT

Date Application Filed:			
1)	APPLICANT(S) NAME(S):		
	Names of Officers, Directors, Shareh	nolders 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:	
	PLEAS	SE USE ADDITIONAL PAGES IF NEEDED	
3)	APPLICANT(S) ATTORNEY:		
	Name of Law Firm:		
	Phone Number:	Cell Number:	
	E-Mail Address:		
PR	OPERTY 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.		
	OSED ZONE CHANGE CONDITIONS provide a list of all proposed conditions for the subject property:	
In orde	GS REQUIRED FOR ZONING MAP AMENDMENT or for the Planning Commission to make a recommendation for a zoning map amendment, it must make as 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.	
	case check (\checkmark) one of the above findings of fact and cite specific evidence to address such finding in the acceprovided below. Please attach additional sheets if more space is needed.	

APF	PPLICATION 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) - $18" \times 24"$ copies and two (2) - $11" \times 17"$ 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				
Signa 1) _	(please print name and title)	Date:			
3)	1				
2) _)				
-	(please print name and title)	Date:			
attorn	foregoing signatures constitute all of the owners of the affected property necessary princy-in-fact. If the signature is of an attorney, then such signature is certification that perty. Please use additional signature pages, if needed.				
REQI	QUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION	N WILL BE ACCEPTED			
Appl	plication Fee:				
Land Use Certificate Fee:					
Date	te Fees Received:				
	bmit Application to: rsailles-Midway-Woodford County Planning Commission				

103 South Main Street, Suite 204 Versailles, KY 40383 859.873.8611 www.woodfordplanning.org