

VERSAILLES-MIDWAY-WOOFORD-COUNTY BOARD of ADJUSTMENTS

APPLICATION FOR CONDITIONAL USE PERMIT



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: _____

CONDITIONAL USE PERMIT REQUEST

Please describe, in detail, the Conditional Use Permit (CUP) being requested:

PROPOSED CONDITIONS

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

FINDINGS REQUIRED FOR CONDITIONAL USE PERMIT

In order for the Board of Adjustments to grant a conditional use permit, it must make findings of fact in support of its approval:

- The use is expressly authorized in the zone in which it is proposed;
- The use will not contribute toward an overburdening of city or county services;
- The use will not result in increased traffic congestion, additional parking problems; and
- That the use otherwise meets the requirements of the Zoning Ordinance.

APPLICATION CHECKLIST

- A completed and signed Application
- A 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 with the Conditional Use Permit the following: 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