



Board of Zoning Adjustment

Application No. _____

Specific section in the Zoning Ordinance under which it is claimed the permit should be issued

Name _____
Applicant

Address _____

REQUIRED DIMENSIONAL DRAWING

There shall be an attached scale drawing indicating the shape and dimensions of the lot, location of adjoining streets and alleys, shape and dimensions of all existing and proposed buildings, distances of buildings to lot lines and existing and/or proposed parking facilities.

The establishment, maintenance, and operation of the proposed use(s) will not be detrimental to the health, safety, peace, morals, comfort or general welfare of persons or property in the vicinity or city, because

Is this request accompanied by a site plan? _____

DATE _____

FEE _____

Applicant's Signature

**HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION
APPLICATION FORM**

Application No. _____

GENERAL DATA

Applicant's Name: _____
(Property Owner or Agent)

Applicant's Address _____

Applicant's Phone _____

The owner or his agent has _____ has not _____ submitted an application regarding this subject property within the past year.

Location of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Property Size: _____

TYPE OF APPLICATION

CU	CONDITIONAL USE	
R	REZONING	
I	INTERPRETATION	
ST	STREET Dedication ----- Closure ----- Change -----	
S	SUBDIVISION Preliminary ----- Final -----	

PR	PLAN REVIEW	
FH	FLOOD HAZARD	
CP	COMPREHENSIVE PLAN AMENDMENT	
V	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	

AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application.

Capacity

Name (Please Print) _____	Owner	Lessee
_____	_____	_____
Address _____		
_____		Signature

Capacity

Name (Please Print) _____	Owner	Lessee
_____	_____	_____
Address _____		
_____		Signature

Capacity

Name (Please Print) _____	Owner	Lessee
_____	_____	_____
Address _____		
_____		Signature

(All signatures represent that they have full legal capacity to, and hereby do, authorize the filling of this application.)

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the authorization herein.

Name (Please Print) _____

Address _____

Telephone Number _____

_____ owner

_____ agent of owner

_____ lessee

_____ agent of lessee

_____ other (specify)

Person to be contacted regarding matters pertaining to this application if other than myself:

Name _____

Telephone Number _____

OFFICE USE:

Date Received _____

Compatible with Comprehensive Plan _____

Public Hearing Date _____

Planning Commission Action _____

Board of Zoning Adjustment Action _____

Council Action:

1st Reading _____

2nd Reading _____

