

<b>V</b>	VARIANCE	Dimensional _____ Group Housing _____ Subdivision _____
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Board of Zoning Adjustment/Planning Commission      Application No. \_\_\_\_\_

Project Name \_\_\_\_\_

Application shall be accompanied by a certified property survey or site plan showing the accurate nature of the variance request.

Names and addresses of adjoining property owners (omit if for Subdivision Variance):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Variance Request(Describe) \_\_\_\_\_

\_\_\_\_\_

If this petition is granted, the effect will be to: \_\_\_\_\_

\_\_\_\_\_

Section of Zoning Ordinance or Subdivision Regulations from which relief is requested

\_\_\_\_\_

Detailed answers to the following are required by the applicant:

1. Specific conditions in detail which are unique to the applicant's land that do not exist on other land in the same zone or area. \_\_\_\_\_

\_\_\_\_\_

2. The manner in which strict application of the Zoning Ordinance or Subdivision Regulations would deprive the applicant of a reasonable use of the land in the manner equivalent to the use permitted other landowners in the same zone or area. \_\_\_\_\_

\_\_\_\_\_

3. Are the unique conditions and circumstances a result of actions by the applicant after the adoption of the Hopkinsville Zoning Ordinance or Subdivision Regulations? \_\_\_\_\_

\_\_\_\_\_

4. Give reasons why the requested Variance will preserve, not harm, the public safety and welfare, and will not alter the essential character of the neighborhood. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note to Applicant

The Board does not possess the power to grant a Variance to permit a use of any land, building, or structure which is not permitted by the Zoning Ordinance in the zone in question, or to alter density requirements within the zone in question.

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

<b>CU</b>	CONDITIONAL USE			<b>PR</b>	PLAN REVIEW	
<b>R</b>	REZONING			<b>FH</b>	FLOOD HAZARD	
<b>I</b>	INTERPRETATION			<b>CP</b>	COMPREHENSIVE PLAN AMENDMENT	
<b>ST</b>	STREET Dedication ----- Closure ----- Change -----			<b>V</b>	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
<b>S</b>	SUBDIVISION Preliminary ----- Final -----					

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.

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	_____ Signature	

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	_____ Signature	

Name (Please Print) _____ _____	<u>Capacity</u> 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 \_\_\_\_\_

**AFFIDAVIT IN COMPLIANCE WITH KRS 100.212 SS 2**

Under the provisions of KRS 100.212 Subsection 2, I the undersigned developer do swear and affirm that the foregoing constitutes the names and addresses of all adjoining property owners to the property which I propose for rezoning. I further certify that I have verified the foregoing names and addresses with the records maintained by the Property Valuation Administrator of Christian County.

**NAME**

**ADDRESS**


\_\_\_\_\_  
APPLICANT

COMMONWEALTH OF KENTUCKY) )SCT  
COUNTY OF CHRISTIAN )

The foregoing Affidavit In Compliance with KRS 100.212 Subsection 2 was acknowledged before by, \_\_\_\_\_,  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public