

<b>I</b>	INTERPRETATION
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Board of Zoning Adjustment

Application No. \_\_\_\_\_

Clear description of the type of Interpretation requested.

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What will be the likely effect if this petition is granted? The decision of the BZA will establish the guidelines for the future enforcement of the above referenced sections of the Hopkinsville Zoning Ordinance.

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DATE \_\_\_\_\_

FEE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Board's Opinion:

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**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.

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

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

	<u>Capacity</u>	
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 \_\_\_\_\_

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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 \_\_\_\_\_

