

R	REZONING
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Planning Commission/Council

Application No. _____

Location Plat: A certified property survey, showing the boundaries of the rezoning area and the relationship of the property in question with the surrounding three or four block area, must accompany this Application.

Present Zone District _____

Requested Zone District _____

I. **LEGAL JUSTIFICATION** Proposed rezoning must satisfy one of the three following criteria. (Use additional pages if necessary)

A. Proof that the present zoning classification is in disagreement with the adopted Comprehensive Plan _____

B. Proof that original zoning classification was inappropriate or improper _____

C. Proof that there have been major changes of an economic, physical or social nature which were not anticipated in the Comprehensive Plan and which have substantially altered the basic character of property or neighborhood in question _____

II. **AREA CHARACTERISTICS**

A. A clear and accurate description of proposed new use(s).

B. When will new use be in operation?

C. Names and addresses of all abutting property owners and those on the other side of road or street _____

I/We certify that the aforementioned information is true and correct; and compliance with the requirements of the zoning ordinance, as amended, will be effected prior to use or occupancy of the building or property.

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			PR	PLAN REVIEW	
R	REZONING			FH	FLOOD HAZARD	
I	INTERPRETATION			CP	COMPREHENSIVE PLAN AMENDMENT	
ST	STREET Dedication ----- Closure ----- Change -----			V	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
S	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 _____

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