

APPLICATION for CONDITIONAL USE PERMIT
BOARD of ZONING ADJUSTMENT
LAWRENCEBURG, KENTUCKY

Date: _____ Application Number _____

The undersigned request a conditional use permit for the use specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safeguards required by the Board. If this use is discontinued for a period of more than six (6) months, this permit shall automatically expire.

1. Name of Applicant: _____

Mailing Address: _____

Address of Property for Conditional Use: _____

Phone Number: Home: _____ Work: _____

2. Location Description: Subdivision Name: _____

Legal Description: _____

3. Existing Use: _____

4. Zoning District: _____

5. Description of Conditional Use: _____

6. Supporting Information: Attach a detailed plan **with measurements**, for the proposed use showing the location of buildings, parking and loading areas, traffic access and circulation drives, open space, landscaping utilities, signs, yards and above requirements and also explain the economic, noise, glare and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district. A filing fee of \$50.00 shall be enclosed.

Date: _____ Applicant: _____

Date Filed: _____ **Fee Paid:** _____

Date of Notice to Partisan Interest: _____

Date of Notice to Newspapers: _____

Date of Public Hearing: _____

Application for Conditional Use Permit
Board of Zoning Adjustment
Lawrenceburg, Kentucky

List of Property Owners

Applicant Name: _____

Property Owner # 1. Name: _____

Address: _____

City: _____

Phone Number: _____

Property Owner # 2. Name: _____

Address: _____

City: _____

Phone Number: _____

Property Owner # 3. Name: _____

Address: _____

City: _____

Phone Number: _____

Property Owner # 4. Name: _____

Address: _____

Phone Number: _____