

Conditional Use Permit Application

Joint City-County Planning Commission of Nelson County
989 Chambers Boulevard
P.O. Box 402
Bardstown, Kentucky 40004
Telephone: (502) 348-1805
Website: ncpz.com Email: info@ncpz.com

For Office Use Only:

Application #: _____
Date Filed: _____
Total Fees: \$ _____
Hearing Date: _____

Please type or print (blue or black ink)

Instructions	Applicant Information
Applicant must be <u>all</u> owner(s) of the property. Spouse and/or any other parties with legal or equitable interest must join in this application. Use additional sheets, if necessary.	<input type="checkbox"/> Additional pages attached.
If Applicant/Owner is different than the Developer, provide the Developer's name, address, telephone, and email address.	Applicant/Owner Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____
If an attorney will represent the applicant/owner for this application , please provide the attorney's name, address, telephone, and email address.	Co-Applicant/Developer Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____
	Applicant's Attorney: _____ Firm Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____

Instructions	Property Information
If an actual street address is not available, identify the property's location along the roadway and distance to intersecting public roadways on each side of the property.	Street Address: _____ Lot #/Subdivision Name (if applicable): _____
Check appropriate jurisdiction where the property is located.	Property Location & Intersecting Streets: The subject property is located on the <input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west side of _____ and approximately <input type="checkbox"/> feet <input type="checkbox"/> miles <input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west of _____ and approximately <input type="checkbox"/> feet <input type="checkbox"/> miles <input type="checkbox"/> north <input type="checkbox"/> south <input type="checkbox"/> east <input type="checkbox"/> west of _____.
State size in acres, or square feet if less than one (1) acre.	Jurisdiction: <input type="checkbox"/> Bardstown <input type="checkbox"/> Bloomfield <input type="checkbox"/> Fairfield <input type="checkbox"/> New Haven <input type="checkbox"/> Unincorporated Nelson County
Describe the property's current zoning classification and how the property is presently used.	Size: _____ Deed Book/Page #: _____ PVA #: _____ Existing Zoning: _____ Existing Use: _____

Instructions	Conditional Use Description
<p>Describe the proposed Conditional Use to be conducted and address the guidelines of the Comprehensive Plan and Zoning Regulations. Specify the use, size, scope and hours of operation, maximum occupancy, parking, signage, if applicable. Use additional sheets, if necessary.</p> <p>Specify the Zoning Regulation provision requiring a Conditional Use Permit. If yes, specify action type (zone change, conditional use permit, variance, or appeal), application number, and date.</p>	<p>Provide a <i>detailed</i> description of the proposed conditional use to be conducted. State the reasons for locating the proposed use at the specific location and identify the need for and the benefits of the proposed use to the community or neighborhood.</p> <p><input type="checkbox"/> <i>Additional pages attached.</i></p> <p>Provision of Zoning Regulation requiring a Conditional Use Permit: Section _____</p> <p>Has this property been subject of previous action by the Board of Adjustment or Joint City-County Planning Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Action Type: _____ Application #: _____ Date: _____</p>

Instructions	Conditional Use Permit Justification
<p>The Board of Adjustment may approve, modify, or deny any application for a conditional use permit. If it approves such permit, it may attach necessary conditions, such as time limitations, requirements that one (1) or more things be done before the request can be initiated, or conditions of a continuing nature (KRS 100.237(1)).</p> <p>Conditional use permits must meet the mandatory requirements set forth in Section 4.3C of the Zoning Regulations and any and all requirements listed for the conditional uses permitted in each specific zone.</p> <p>Discuss how the proposed use is suitable and will be properly integrated into the community.</p>	<p>Provide written justification for the conditional use (use additional pages, if necessary):</p> <p><input type="checkbox"/> <i>Additional pages attached.</i></p> <p>1. Describe how the proposed conditional use will blend with the surrounding uses and state the reasons why the proposed use is not a detriment to the area.</p>

Required Supporting Documentation

The following supporting documentation and fees must be submitted with the completed and signed application:

- ☐ 1. A Pre-Application meeting with the Planning Commission Staff is required at least 5 business days prior to the application deadline date.
- ☐ 2. Copy of a site plan (no larger than 11" x 17") showing the following: size, depth, and width of subject property; roadway(s) the subject property fronts; percentage of lot coverage; location of ingress/egress; location, dimensions, height, setbacks, and uses of all existing structures; and, location, dimensions, height, setbacks, and uses of proposed structures.
- ☐ 3. Floor plan, with dimensions, showing each floor of the structure, detailing; storage rooms, offices, bedrooms, hallways, bathrooms, kitchens, etc.
- ☐ 4. Listing of names and mailing addresses for all adjoining property owners, including owners on other side of (across) adjoining road, street, or railroad. Per KRS 100.212(2), it is the duty of the person(s) requesting the CUP to furnish to the Planning Commission the name and addresses of all adjoining property owners. Records maintained by the Property Valuation Administrator (PVA) may be relied upon conclusively to determine the identity and address of the adjoining property owners. PVA - (502)348-1810
- ☐ 5. Disclosure of ownership interest in the subject property (deed or purchase agreement).
- ☐ 6. Conditional Use Permit Filing Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 7. Certificate of Land Use Restriction Fee, payable to Planning Commission (see Fee Schedule).
- ☐ 8. Newspaper Notification Fee, payable to Planning Commission (see Fee Schedule).
- ☐ 9. Any additional documentation or information requested by the staff and/or Board of Adjustment.

Applicant/Owner Certification & Authorization

Please read carefully, initial, and sign below.

I hereby certify that the information provided herein is both complete and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I hereby certify that I have provided a complete listing of names and mailing addresses for all adjoining property owners as required by KRS 100.212(2). I certify that I am the owner of the property for which the conditional use permit application is filed or that I have the authority to file this application based on properly executed documents with the owner of this property. I further hereby certify that as owner of the property proposed for the conditional use, I am aware of the site/development plan submitted as part of the application and aware of the conditional use permit hearing process under the Zoning Regulations and KRS Chapter 100. I further hereby certify that I agree that the filing of this application constitutes an agreement with all owners and other parties having an interest in the subject property, their heirs, successors, and assigns, to comply with the conditions imposed by the Planning Commission and Zoning and Subdivision Regulations. (initials of all applicants and owners)

I further acknowledge that my compliance with the terms of the conditional use permit is subject to periodic inspection and I grant to the Joint City-County Planning Commission or its agents the right to enter upon the property to which the permit pertains at reasonable times to perform one or more inspections of the property to assure compliance. Any obstruction of any inspections will constitute grounds for the revocation of the conditional use permit. (initials of all applicants and owners)

These signatures constitute all owners of the subject property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.

☐ Additional pages attached.

Signatures and printed names of Applicants & Owners:

Title:

Date:

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Date Application Received: _____ Received by: _____
Filing Fee Paid: \$ _____ ☐ Check # _____ ☐ Cash ☐ Other (specify): _____
Notice to Newspaper (Date): _____ Adjacent Mailings (Date): _____
Public Hearing (Date): _____ BOA Decision: _____
iWorQ # _____