

Short-Term Rental / Bed & Breakfast 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
<p>Applicant must be all 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.</p> <p>If Applicant/Owner is different than the Developer, provide the Developer's name, address, telephone, and email address.</p> <p>If an attorney will represent the applicant/owner for this application, please provide the attorney's name, address, telephone, and email address.</p>	<p style="text-align: right;"><input type="checkbox"/> Additional pages attached.</p> <p>Applicant/Owner Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone: _____ Email: _____</p> <p>Co-Applicant/Developer Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone: _____ Email: _____</p> <p>Applicant's Attorney: _____</p> <p>Firm Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Telephone: _____ Email: _____</p>

Instructions	Property Information
<p>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.</p> <p>Check appropriate jurisdiction where the property is located.</p> <p>State size in acres, or square feet if less than one (1) acre.</p> <p>Describe the property's current zoning classification and how the property is presently used.</p>	<p>Street Address: _____</p> <p>Lot #/Subdivision Name (if applicable): _____</p> <p>Property Location & Intersecting Streets:</p> <p>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</p> <p><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 _____.</p> <p>Jurisdiction: <input type="checkbox"/> Bardstown <input type="checkbox"/> Bloomfield <input type="checkbox"/> Fairfield <input type="checkbox"/> New Haven <input type="checkbox"/> Unincorporated Nelson County</p> <p>Size: _____ Deed Book/Page #: _____ PVA #: _____</p> <p>Existing Zoning: _____</p> <p>Existing Use: _____</p>

Proposed Short -Term Rental (STR) / Bed & Breakfast (B&B) Information

Please chose a STR type (check one):

☐ **Type 1**

- i. A Type 1 rental shall be owner-occupied and be located within the principal dwelling unit on the property.
- ii. Such principal dwelling unit shall be the permanent and primary residence of the Applicant/Owner, and,
- iii. The Applicant/Owner must physically reside on the property during all bed and breakfast or short-term rental periods of occupancy.

☐ **Type 2**

- i. A Type 2 rental shall be non-owner-occupied unit located within an approved and permitted detached accessory dwelling unit;
- ii. A Type 2 rental shall be located on the property where the Applicant/Owner resides in the principal dwelling unit as their permanent and primary residence; and,
- iii. The Applicant/Owner must physically reside on the property during all bed and breakfast or short-term rental periods of occupancy.

☐ **Type 3 (Not Permitted in the City of Bardstown)**

- i. A Type 3 rental shall be located within the principal dwelling unit on the property and shall be non-owner-occupied;
- ii. Only one Type 3 rental per property shall be permitted.

Existing House Information

Number of Existing Bedrooms: _____

If the proposed # of bedrooms exceed the # of existing bedrooms, a copy of the existing septic approval and/or affidavit from the Health Department showing the septic system can handle the larger # of bedrooms, will be required.

Number of Proposed Bedrooms to be used for STR: _____

Maximum Occupancy (2 persons per bedroom): _____

Number of parking spaces (1 space per bedroom and must be off-street parking): _____

**Attach a site plan showing location of proposed parking spaces.*

Will you serve any food items to guests (other than prepackaged items)? ☐ Yes ☐ No

Local Responsible Contact Information

Any change of the agent or modification of contact information must be furnished to the Planning Commission within twenty-four (24) hours of effective date of change.

The Local Responsible Contact will be the person who is listed as the contact for all guests during their stay, as well as the person who will be listed on the sign outside of the home as a contact person for neighbors and/or emergency personnel.

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

*** Attach a copy of driver's license for home address verification.**

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell Phone # (text enabled): _____

Local Responsible Contact Information Continued

I hereby understand that I am assuming management of the short-term or bed and breakfast rental unit and am responsible for taking remedial measures when I am notified of a complaint. I understand that I must have a primary and permanent residence within sixty (60) miles of the rental property's street address. I understand that I must be available twenty-four (24) hours a day, seven (7) days a week to respond to tenant and neighborhood questions or concerns and that I must have a text-enabled phone. I affirm that I am eighteen (18) years of age. As the local representative, I understand that I may be contacted by a government agency or police authority to secure the property as needed. I understand that my phone number will be available to such agencies or authorities and that my name and phone number will be listed on the application and posted for renters at each short-term or bed and breakfast rental unit. I further understand that any change of my primary and permanent residency or my contact information must be furnished within twenty-four (24) hours of the effective change.

Local Responsible Contact's Signature: _____ Date: _____

Local Responsible Contact's Printed Name: _____

* Attach a copy of driver's license for home address verification.

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>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>Specify the Zoning Regulation provision requiring a Conditional Use Permit.</p>	<p>Provision of Zoning Regulation requiring a Conditional Use Permit: Section _____</p>
<p>If yes, specify action type (zone change, conditional use permit, variance, or appeal), application number, and date.</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 style="text-align: right;"><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>
<p>Indicate the availability of water, sewage disposal, electric, natural gas, etc.</p>	<p>2. Indicate whether the proposed use will be served by adequate on-site public or private utilities.</p>
<p>Discuss the traffic circulation to and from the site and address availability of parking and internal traffic flow.</p>	<p>3. Discuss the ingress/egress and address the availability of parking and internal traffic circulation to accommodate the proposed conditional use.</p>

Address how the proposed use meets the additional requirements listed for the permitted conditional use in the specific zone.	4. Specify how the proposed use satisfies the additional requirements listed in the specific zone and is in agreement with the zoning regulations.
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Required Supporting Documentation

The following supporting documentation and fees must be submitted with the completed and signed application **BEFORE the deadline date:**

- ☐ 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.
Contact Number for 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, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 8. Newspaper Notification Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 9. Septic System Permit/Affidavit from the Health Department (if required).
- ☐ 10. Any additional documentation/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)

As the property owner of a short-term or bed and breakfast rental, I understand that I must designate a local responsible contact whose physical address of their primary and permanent residence is within sixty (60) miles of the rental property's street address. I hereby grant access and authority to the local responsible contact to assume management of the unit and take remedial measures. I understand that the local responsible contact must be available twenty-four (24) hours a day, seven (7) days a week to respond to tenant and neighborhood questions or concerns. I understand that the local responsible contact must be at least eighteen (18) years of age. I understand that I may designate myself as the local responsible contact as long as my physical address is my primary and permanent residence and it is within sixty (60) miles of the rental property's street address. I hereby affirm that I am the authorized owner of the subject property and hereby authorize the designated person listed above in the Local Responsible Contact section, to assume responsibility as the local responsible contact. (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:

For Office Use Only

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 # _____