

Variance 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 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.	Applicant/Owner Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____
If Applicant/Owner is different than the Co-Applicant/Developer, provide the Developer's name, address, telephone, and email address.	Co-Applicant/Developer 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.	Applicant's Attorney: _____ Firm Name: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: _____ Email: _____

Instructions	Property Information
If an actual street address is unavailable, 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 _____
Describe the property's current zoning classification and how the property is presently used.	Jurisdiction: <input type="checkbox"/> Bardstown <input type="checkbox"/> Bloomfield <input type="checkbox"/> Fairfield <input type="checkbox"/> New Haven <input type="checkbox"/> Unincorporated Nelson County Size: _____ Deed Book/Page #: _____ PVA #: _____ Existing Zoning: _____ Existing Use: _____

Instructions	Variance Description
Describe the requested variance. Specify the use and type of structure (accessory or principal), if applicable. Use additional sheets, if necessary.	Provide a <i>detailed</i> description of the requested variance. Use additional sheets, if necessary.
Check the type of variance requested.	Type of variance requested: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Front yard setback <input type="checkbox"/> Secondary front yard setback (<i>corner lots only</i>) <input type="checkbox"/> Rear yard setback <input type="checkbox"/> Side yard setback (left) </div> <div> <input type="checkbox"/> Side yard setback (right) <input type="checkbox"/> Structure height <input type="checkbox"/> Lot coverage <input type="checkbox"/> Other Specify: _____ </div> </div>
Specify Zoning Regulation provision from which variance is sought.	Zoning Regulation provision from which variance is requested: Section _____
Specify dimension required by the Zoning Regulations and the proposed dimension.	Required dimension: _____ Proposed dimension: _____
If yes, attach copy of the refusal or decision.	Is this variance application based on a refusal or decision by the Administrative Official? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify action type (zone change, conditional use permit, variance, or appeal), application number, and date.	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 Action Type: _____ Application #: _____ Date: _____

Instructions	Variance Justification
(KRS 100.243) Before any variance is granted, the Board of Adjustment must find that the variance <u>will not</u> : (1) Adversely affect the public health, safety, or welfare; (2) Alter the essential character of the general vicinity; (3) Cause a hazard or nuisance to the public; and, (4) Allow an unreasonable circumvention of the requirements of the Zoning Regulations.	Provide written justification for the variance (use additional pages if necessary): <div style="text-align: right;"><input type="checkbox"/> <i>Additional pages attached.</i></div> 1. Describe the reasons that the requested variance will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the Zoning Regulations.

Instructions	Variance Justification (continued)
<p>In making these findings, the Board of Adjustment shall consider whether:</p> <p>(1) The requested variance arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;</p> <p>(2) The strict application of the regulation would deprive the applicant of the reasonable use of the land use of the land or would create an unnecessary hardship on the applicant; and,</p> <p>(3) The circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.</p> <p>The Board of Adjustment shall deny any request for a variance arising from circumstances that are the result of willful violations of the Zoning Regulations by the Applicant subsequent to the adoption of the Zoning Regulation from which relief is sought.</p>	<p>2. Identify the circumstances that are special to this property which do not generally apply to the land in the general vicinity or in the same zoning classification.</p> <p>3. Describe how the strict application of the regulation would deprive you the reasonable use of the property or create an unnecessary hardship.</p> <p>4. Specify actions that have been taken subsequent to the adoption of the Zoning Regulations that cause the circumstances for which the variance is sought.</p>

Required Supporting Documentation

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

- ☐ 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"), prepared by a licensed land surveyor, 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. 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 Variance 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
- ☐ 4. Disclosure of ownership interest in the subject property (deed or purchase agreement).
- ☐ 5. Variance Filing Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 6. Certificate of Land Use Restriction Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 7. Newspaper Notification Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- ☐ 8. Any additional documentation or information requested by the staff and/or Board of Adjustment.

Applicant/Owner Certification

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 further certify that I am the owner of the property for which the variance 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 variance, I am aware of the site/development plan submitted as part of the application and aware of the variance 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 variance 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 variance pertains at reasonable times to perform one or more inspections of the property to assure compliance. (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: _____

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