

# Zoning Map Amendment Application

Joint City-County Planning Commission of Nelson County  
 129 Parkway Drive  
 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: \_\_\_\_\_  
 Filing/CLUR Fees: \$ \_\_\_\_\_  
 Agenda #: \_\_\_\_\_  
 Hearing Date: \_\_\_\_\_

Please type or print (blue or black ink)

Application Date: \_\_\_\_\_

Instructions	Applicant Information
<p>Applicant must be <i>all</i> 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 represents the Applicant/Owner, 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 unavailable, 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 &amp; Intersecting Streets:</p> <p>The subject property is located on the <input type="checkbox"/> north <input type="checkbox"/> east <input type="checkbox"/> south <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"/> east <input type="checkbox"/> south <input type="checkbox"/> west of _____ and approximately _____ <input type="checkbox"/> feet <input type="checkbox"/> miles <input checked="" type="checkbox"/> north <input type="checkbox"/> east <input type="checkbox"/> south <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 checked="" type="checkbox"/> Unincorporated Nelson County</p> <p>Size: _____ Deed Book/Page #: _____ PVA #: _____</p> <p>Existing Zoning: _____</p> <p>Existing Use: _____</p>

Instructions	Zoning Map Amendment Information
<p>The requested zoning must be the most restrictive zoning that will allow the proposed use.</p> <p>The Applicant may specify the proposed use of the property.</p>	<p>Requested Zoning: _____</p> <p>Proposed Use: _____</p>

Instructions	Utility & Environmental Information
<p>Indicate the availability of water and sewage disposal.</p> <p>Indicate if the property is located within a floodplain area. The Planning Commission will assist in identifying floodplain areas and map numbers.</p> <p>Indicate if the property has any known historic or archaeological sites.</p>	<p>Water:    <input type="checkbox"/> Existing    <input checked="" type="checkbox"/> Proposed    Utility Name: _____</p> <p>Sewage Disposal:    <input type="checkbox"/> Sewer    <input type="checkbox"/> On-Site Septic System  <input type="checkbox"/> Existing    <input type="checkbox"/> Proposed    Utility Name: _____</p> <p>Floodplain Areas:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    If yes, provide FIRM #: _____</p> <p>Historic/Archaeological Sites:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No    If yes, specify: _____</p>

Instructions	Community Character Area & Land Use Group Information
<p>The Planning Commission will assist in identifying the Community Character Area and Land Use Group in which the property lies.</p>	<p>Community Character Area: _____</p> <p>Land Use Group: _____</p>

Instructions	Findings Necessary for Zoning Map Amendment
<p>Before a zoning map amendment is recommended to the appropriate legislative body, the Planning Commission must make findings of fact that support the recommendation.</p> <p>If a proposed zoning map amendment <b>is in agreement</b> with the Comprehensive Plan, explain how the proposed zoning would conform to the Comprehensive Plan.</p>	<p>Is the proposed zoning map amendment in agreement with the adopted Comprehensive Plan?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If the proposed zoning map amendment is in agreement with the adopted Comprehensive Plan, please state specific facts and cite applicable sections and/or wording from the adopted Comprehensive Plan (use additional sheets if necessary).  <input type="checkbox"/> <i>Additional pages attached.</i></p>

Instructions	Findings Necessary for Zoning Map Amendment (continued)
<p>If the proposed zoning map amendment <i>is not in agreement</i> with the adopted Comprehensive Plan, the Planning Commission must find that one or both of the following apply (KRS 100.213):</p> <p>(1) That the existing zoning classification given to the property is inappropriate and that the proposed zoning classification is appropriate;</p> <p>(2) That there have been major changes of an economic, physical, or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of such area.</p> <p>To show that the <i>original zoning was inappropriate</i>, provide specific facts showing that the existing use was established prior to the time the zoning classification was established and that the use has not been discontinued.</p> <p>To show that there have been <i>major changes</i> within the area, describe the specific changes and specify how said changes were not anticipated by the adopted Comprehensive Plan, altered the basic character of the area, and make the proposed zoning map amendment appropriate.</p>	<p>If the proposed zoning map amendment <u>is not</u> in agreement with the adopted Comprehensive Plan, please provide specific facts in support of one or both of the following (use additional sheets if necessary):</p> <p style="text-align: right;"><input type="checkbox"/> <i>Additional pages attached.</i></p> <p>1. The existing zoning classification is inappropriate, and the proposed zoning classification is appropriate.</p> <p style="padding-left: 40px;">Describe how the existing zoning is inappropriate and the proposed zoning is appropriate.</p> <p>2. There have been major changes of an economic, physical, or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of the area.</p> <p style="padding-left: 40px;">a. List such major changes.</p> <p style="padding-left: 40px;">b. Describe how such changes were not anticipated in the Comprehensive Plan.</p> <p style="padding-left: 40px;">c. Describe how such changes altered the basic character of the area.</p> <p style="padding-left: 40px;">d. Describe how such changes make the proposed zoning map amendment appropriate.</p>

**Required Supporting Documentation**

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

- 1. Legal description for each parcel to be rezoned.
- 2. Two (2) copies of a preliminary plat or development plan (no larger than 11" x 17").
- 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 CUP to furnish to the Planning Commission the name and addresses of all adjoining property owners, and records maintained by the Property Valuation Administrator (PVA) may be relied upon conclusively to determine the identity and address of the adjoining property owners.
- 4. Disclosure of ownership interest in the subject property (deed or purchase agreement).
- 5. Zoning Map Amendment Filing Fee, nonrefundable, payable to Planning Commission (see Fee Schedule).
- 6. Certificate of Land Use Restriction Fee, payable to Planning Commission (see Fee Schedule).

**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 zoning map amendment 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 zoning map amendment, I am aware of the preliminary plat or development plan submitted as part of the application and aware of the zoning map amendment 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. (\_\_\_\_initial)

I further acknowledge that my compliance with the terms of the zoning map amendment 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 zoning map amendment pertains at reasonable times to perform one or more inspections of the property to assure compliance. (\_\_\_\_ Initial)

*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 of Applicant & 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): \_\_\_\_\_  
 Notice Posted on Property (Date): \_\_\_\_\_  
 Public Hearing (Date): \_\_\_\_\_ PC Meeting (Date): \_\_\_\_\_  
 Planning Commission Recommendation: \_\_\_\_\_  
 Date of Transmittal to Legislative Body: \_\_\_\_\_  
 Ordinance 1<sup>st</sup> Reading (Date): \_\_\_\_\_ Ordinance 2<sup>nd</sup> Reading (Date): \_\_\_\_\_  
 Final Publication (Date): \_\_\_\_\_ Final Decision: \_\_\_\_\_