

# Zoning Map Amendment 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: \$ \_\_\_\_\_  
Agenda #: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_

Please type or print (blue or black ink)

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 will represent the applicant/owner <i>for this application</i>, 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 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"/> 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>

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

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

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

Instructions	Findings Necessary for Zoning Map Amendment
Before a zoning map amendment is recommended to the appropriate legislative body, the Planning Commission must make findings of fact that support the recommendation.	Is the proposed zoning map amendment in agreement with the adopted Comprehensive Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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.	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>

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. A Pre-Application meeting with the Planning Commission Staff is required at least 5 business days prior to the application deadline date.
- ☐ 2. Legal description for each parcel to be rezoned.
- ☐ 3. Copy of a preliminary plat or development plan (no larger than 11" x 17").
- ☐ 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 Zoning Map Amendment 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. Zoning Map Amendment 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. Any additional documentation or information requested by the staff and/or Commission.

### 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. (initials of all applicants and owners)

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. (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: \$ _____ <input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash <input type="checkbox"/> Other (specify): _____
Date listed in Newspaper: _____	Date Mailed to Adjoiners: _____
Date of Notice Posted on Property: _____	Recommendation: _____
Public Hearing Date: _____	Ordinance 2 <sup>nd</sup> Reading Date: _____
Date of Transmittal to Legislative Body: _____	Final Decision: _____
Ordinance 1 <sup>st</sup> Reading Date: _____	
Final Publication Date: _____	