

Applicant Request for Review

In filling out this form, the Applicant is requesting that the Zoning Administrator review the conditional use permit previously approved to determine if all conditions have been completely and permanently satisfied and the use may be deemed to be treated as a permitted use if it continues to meet all other requirements of the regulations in accordance with KRS 100.237(5).

Date received by Planning Office

Subject Property

Street
Address

Filing Fee PLEASE CHECK PROPERTY ZONE

<input type="checkbox"/>	A-R	Rural Agriculture	
<input type="checkbox"/>	A-U	Urban Agriculture	
<input type="checkbox"/>	MHP	Manufactured Housing Park	
<input type="checkbox"/>	R-1A	Single-Family Residential	\$150
<input type="checkbox"/>	R-1B	Single-Family Residential	
<input type="checkbox"/>	R-1C	Single-Family Residential	
<input type="checkbox"/>	R-1T	Townhouse	
<input type="checkbox"/>	R-2MF	Multi-Family Residential	
<input type="checkbox"/>	R-3MF	Multi-Family Residential	\$228
<input type="checkbox"/>	R-4DT	Inner-City Residential	
<input type="checkbox"/>	P-1	Professional/Service	
<input type="checkbox"/>	B-1	Neighborhood Business Center	
<input type="checkbox"/>	B-2	Central Business	
<input type="checkbox"/>	B-3	Highway Business Center	\$341
<input type="checkbox"/>	B-4	General Business	
<input type="checkbox"/>	B-5	Business/Industrial	
<input type="checkbox"/>	I-1	Light Industrial	
<input type="checkbox"/>	I-2	Heavy Industrial	

FILING FEE \$

Date of Conditional Use Permit Approval

Description of Conditional Use Permit

Conditions of Original Approval

Please list all conditions placed by the OMBA when Conditional Use Permit was originally approved:

Attach additional pages if needed:

Revisions to Original Application:

If any revisions are being proposed at this time that are different from the original conditional use permit application, please list.

Applicant

Name, Address

Day Telephone

Applicant's Signature Date
By:

Owner / Co-Applicant

Name, Address

Day Telephone

Owner/Co-Applicant's Signature Date
By:

Determination of Zoning Administrator

FINAL ACTION	
APPROVAL:	DENIAL:

Based on facts presented, it is determined that conditions **have been** completely and permanently satisfied and the use **will** hereafter be treated as a permitted use if it continues to meet all other requirements of the Zoning Ordinance.

Signature of Zoning Administrator Date

Based on facts presented, it is determined that conditions **have not** been completely and permanently satisfied and the use **will not** hereafter be treated as a permitted use. Findings as follows:

Signature of Zoning Administrator Date

PLEASE TYPE OR PRINT

