



# CITY-COUNTY PLANNING COMMISSION OF WARREN COUNTY, KY

## APPLICATION FOR CONDITIONAL USE PERMIT

Docket Number: \_\_\_\_\_

Public Hearing Date: \_\_\_\_\_

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

Pre-Application Meeting Date: \_\_\_\_\_

### APPLICANT(S) INFORMATION

1) APPLICANT(S) NAME(S): \_\_\_\_\_

Names of Officers, Directors, Shareholders or Members (If Applicable):

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2) PROPERTY OWNER(S) NAME(S): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_

Cell Number: \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*PLEASE USE ADDITIONAL PAGES IF NEEDED\***

3) APPLICANT(S) ATTORNEY: \_\_\_\_\_

Name of Law Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_

PVA Parcel Number: \_\_\_\_\_

Acreage: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

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**CONDITIONAL USE PERMIT REQUEST**

*Please describe, in detail, the Conditional Use Permit being requested:*

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**PROPOSED CONDITIONS**

*Please provide a list of all proposed conditions for the subject property:*

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**REVIEW CRITERIA**

*The Board of Adjustments shall approve an application for a conditional use permit if, and only if, the applicant has demonstrated that the proposed use and any associated development:*

1. Does not substantially conflict with the Comprehensive Plan and the purposes of the Zoning Ordinance;
2. Will be consistent with the “intent” statement for the district in which it is located;
3. Will be compatible with existing uses adjacent to and near the property;
4. Will not be hazardous, detrimental or disturbing to present surrounding land uses due to noise, glare, smoke, dust, odor, fumes, or other general nuisance;
5. Will not otherwise adversely affect the development of the general neighborhood or of the district in which the use is proposed;
6. Will be consistent with existing and planned pedestrian and vehicular circulation adjacent to and near the property;
7. Will have adequate water and sewer supply, storm water facilities, transportation facilities, waste disposal and other public services;
8. Will be developed in a way that will preserve and incorporate any important natural features of the site; and
9. Will conform to any specific criteria or conditions specified for that use elsewhere in the Zoning Ordinance.

**FINDINGS REQUIRED FOR CONDITIONAL USE PERMIT**

*In order for the Board of Adjustments to grant a conditional use permit, it must make findings of fact in support of its approval:*

- The use is not detrimental to the public health, safety or welfare in the zone in which it is proposed;
- The use will not contribute toward an overburdening of municipal services;
- The use will not result in increased traffic congestion, additional parking problems, substantial increase in population density, environmental problems or constitute a nuisance; and
- That the use otherwise meets the requirements of the Zoning Ordinance.

**APPLICATION CHECKLIST**

- A completed and signed Application
- A site plan depicting the various portion(s) of the property to be utilized for the conditional use, including buildings, travelways, parking areas, etc. (please include one (1) 11" x 14" or smaller copy)
- Boundary survey prepared by a licensed surveyor (please include one (1) 11" x 14" or smaller copy)
- Adjacent Property Owners Form
- Filing and Recording Fees

**APPLICANT'S CERTIFICATION**

*I do hereby certify that, to the best of my knowledge and belief, all application materials have been submitted and that the information they contain is true and correct. Please attach additional signature pages if needed.*

Signature of Applicant(s) and Property Owner(s):

*Date:*

1) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

2) \_\_\_\_\_

\_\_\_\_\_

*(please print name and title)*

*The foregoing signatures constitute all of the owners of the affected 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. Please use additional signature pages, if needed.*

**REQUIRED FILING FEES MUST BE PAID BEFORE ANY APPLICATION WILL BE ACCEPTED**

Application Fee: \_\_\_\_\_

Land Use Certificate Fee: \_\_\_\_\_

Date Fees Received: \_\_\_\_\_