

<b>R</b>	REZONING
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Planning Commission/Council

Application No. \_\_\_\_\_

Location Plat: A certified property survey, showing the boundaries of the rezoning area and the relationship of the property in question with the surrounding three or four block area, must accompany this Application.

Present Zone District \_\_\_\_\_

Requested Zone District \_\_\_\_\_

I. **LEGAL JUSTIFICATION** Proposed rezoning must satisfy one of the three following criteria. (Use additional pages if necessary)

A. Proof that the present zoning classification is in disagreement with the adopted Comprehensive Plan \_\_\_\_\_  
\_\_\_\_\_

B. Proof that original zoning classification was inappropriate or improper \_\_\_\_\_  
\_\_\_\_\_

C. Proof that there have been major changes of an economic, physical or social nature which were not anticipated in the Comprehensive Plan and which have substantially altered the basic character of property or neighborhood in question \_\_\_\_\_  
\_\_\_\_\_

II. **AREA CHARACTERISTICS**

A. A clear and accurate description of proposed new use(s).  
\_\_\_\_\_  
\_\_\_\_\_

B. When will new use be in operation?  
\_\_\_\_\_

C. Names and addresses of all abutting property owners and those on the other side of road or street \_\_\_\_\_  
\_\_\_\_\_

I/We certify that the aforementioned information is true and correct; and compliance with the requirements of the zoning ordinance, as amended, will be effected prior to use or occupancy of the building or property.

DATE \_\_\_\_\_  
FEE \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION  
APPLICATION FORM**

Application No. \_\_\_\_\_

GENERAL DATA

Applicant's Name: \_\_\_\_\_  
(Property Owner or Agent)

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Applicant's Phone \_\_\_\_\_

The owner or his agent has \_\_\_\_\_ has not \_\_\_\_\_ submitted an application regarding this subject property within the past year.

Location of Property: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Property Size: \_\_\_\_\_

TYPE OF APPLICATION

<b>CU</b>	CONDITIONAL USE			<b>PR</b>	PLAN REVIEW	
<b>R</b>	REZONING			<b>FH</b>	FLOOD HAZARD	
<b>I</b>	INTERPRETATION			<b>CP</b>	COMPREHENSIVE PLAN AMENDMENT	
<b>ST</b>	STREET Dedication ----- Closure ----- Change -----			<b>V</b>	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
<b>S</b>	SUBDIVISION Preliminary ----- Final -----					

AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application.

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

Name (Please Print) _____ _____	<u>Capacity</u> Owner _____	Lessee _____
Address _____ _____	Signature	

(All signatures represent that they have full legal capacity to, and hereby do, authorize the filling of this application.)

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the authorization herein.

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_ owner

\_\_\_\_\_ lessee

\_\_\_\_\_ other (specify)

\_\_\_\_\_ agent of owner

\_\_\_\_\_ agent of lessee

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to be contacted regarding matters pertaining to this application if other than myself:

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

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OFFICE USE:

Date Received \_\_\_\_\_

Compatible with Comprehensive Plan \_\_\_\_\_

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

Planning Commission Action \_\_\_\_\_

Board of Zoning Adjustment Action \_\_\_\_\_

Council Action:

1st Reading \_\_\_\_\_

2nd Reading \_\_\_\_\_

