

APPLICATION FOR ZONING AMENDMENT  
 NICHOLASVILLE PLANNING COMMISSION  
 NICHOLASVILLE, KENTUCKY

The undersigned, owner(s) and / or applicant(s) of the following legally described property hereby request the consideration of change in zoning district classification as specified below:

1. Name of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number: Home \_\_\_\_\_ Business: \_\_\_\_\_

2. Legal Owner of Land \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number: Home \_\_\_\_\_ Business: \_\_\_\_\_

3. Attorney or Representative \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number: Home \_\_\_\_\_ Business: \_\_\_\_\_

4. Address of Applicant's Property: Subdivision Name \_\_\_\_\_  
 Legal Description \_\_\_\_\_

5. Zoning, Use & Acreage of Applicant's Property:

Existing		Requested		Acres	
Zoning	Use	Zoning	Use	Amount	Use
				ac	
				ac	
				ac	
				ac	

6. Surrounding Properties' Zoning and Use:

Property	Use	Zoning
North		
East		
South		
West		

7. City Services Status:

Service exists		How is, or will be, provided?
Sewage	Y N	
Refuse	Y N	
Water	Y N	
Electric	Y N	
Gas	Y N	
Fire, Police	Y N	
Storm Sewers	Y N	

8. Supporting Information: Attach the following items to the application.

- a. Development Plan (17 copies).
- b. A list of all property owners and mailing addresses within, contiguous to, and directly across the street from the proposed rezoning. (See attached form, page 5). **This information should be obtained from the PVA Office.**
- c. The applicant shall prepare and submit three (3) mailing labels (**SIZE 1" x 2-5/8"**) for each adjoining property owner. The labels will be used, by this office, in the preparation of the ***Mailing Envelope, Certified Mail Receipt Form and Return Receipt Form*** sent to each of the adjoining property owners.
- d. Describe your justification(s) for requested zone change on a separate page and attach to this application.
- e. Pay established fee.

I do hereby certify that, to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and correct. I further certify that I am OWNER (\_\_\_) or HOLDER (\_\_\_) of an agreement to purchase this property since \_\_\_\_\_.

SIGNATURE(S) AND DATE

**APPLICANT** \_\_\_\_\_ **DATE**

**OWNER** \_\_\_\_\_ **DATE**



**LIST OF ADJOINING PROPERTY OWNERS  
TO RECEIVE CERTIFIED OR REGISTERED LETTERS**

The applicant must submit a list of names and mailing addresses of all persons owning property adjoining (including properties across public right-of-ways) the subject property, using the form below. Such names shall be secured from the records of the Jessamine County Tax Assessor no more than thirty days prior to the filing of this application. The applicant should retain a copy of this listing, especially to insure certified or registered letters cover all persons.

<b>Address of Property Located Adjoining Subject Property</b>	<b>Name of Property Owners Located Adjoining Subject Property</b>	<b>Property Owners Address If Different From Property Address</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
18.		

**TRANSCRIPTION FEE (DEPOSIT) OF \$350.00**

**A TRANSCRIPT IS NECESSARY FOR ANY ZONE MAP AMENDMENT APPLICATION.**

**FOR ANY APPLICATION THERE SHALL BE AN APPEARANCE FEE OF \$105.00. AN ADDITIONAL \$245.00 IS REQUIRED TO COVER THE COST OF TRANSCRIPTION OF THE PUBLIC HEARING (BASED ON 35 PAGES @ \$7.00 PER PAGE). IF THE TRANSCRIPT IS MORE THAN THE ESTIMATED 35 PAGES, YOU WILL BE BILLED FOR THE ADDITIONAL AMOUNT. IF THE TRANSCRIPT IS LESS THAN THE ESTIMATED 35 PAGES YOU WILL BE REFUNDED THE DIFFERENCE.**

**I HAVE READ THE ABOVE AND AGREED THAT IF THERE IS AN ADDITIONAL CHARGE (DUE TO THE LENGTH OF THE TRANSCRIPT) I WILL BE RESPONSIBLE FOR PAYING THE DIFFERENCE.**

**I ALSO UNDERSTAND THAT A TRANSCRIPT IS NECESSARY, AS A MATTER OF PUBLIC RECORD, REGARDLESS OF THE ACTION OF THE PLANNING COMMISSION.**

**SIGNED: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**ATTEST: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**NOTE: AFTER VOTING TO RECOMMEND THAT AN APPLICATION FOR AMENDMENT TO THE OFFICIAL ZONING MAP BE GRANTED OR DENIED, THE PLANNING COMMISSION SHALL FORWARD ITS FINDINGS OF FACT AND RECOMMENDATION IN WRITING TO THE CITY COMMISSION. IT SHALL TAKE A MAJORITY OF THE ENTIRE BOARD OF CITY COMMISSIONERS OF THE CITY TO OVERRIDE THE RECOMMENDATION OF THE PLANNING COMMISSION.**