

# CITY OF INDEPENDENCE

5409 MADISON PIKE  
INDEPENDENCE, KY 41051

## BOARD OF ADJUSTMENT APPLICATION

### **\*\*TO BE COMPLETED BY ZONING ADMINISTRATOR\*\***

APPLICATION NUMBER \_\_\_\_\_ HEARING DATE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ ACTION \_\_\_\_\_

### **\*\*TO BE COMPLETED BY APPLICANT\*\***

(Print or type only, except for signatures, application must be complete at time of submission)

1. I, THE UNDERSIGNED, REQUEST A HEARING BEFORE THE BOARD OF ADJUSTMENT, IN REGARD TO THE FOLLOWING:

- Conditional Use Permit
- Dimensional Variance
- Change from one nonconforming use to another nonconforming use.
- Appeal of zoning administrator's decision/interpretation

2. DESCRIPTION OF REQUEST BEING MADE (INDICATE APPROPRIATE SECTION OF SUBSECTIONS OF THE CITY'S ZONING ORDINANCE, WHERE APPLICABLE).

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3. REASONS FOR REQUEST (MAY BE ATTACHED): \_\_\_\_\_

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4. LEGAL DESCRIPTION (IF APPLICABLE; MAY BE ATTACHED): \_\_\_\_\_

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5. IS SITE PLAN ATTACHED (IF DETERMINED NECESSARY BY THE ZONING ADMINISTRATOR CONTAINING THE APPLICABLE REQUIREMENTS OF THE CITY'S ZONING ORDINANCE)?

YES \_\_\_\_\_

NO \_\_\_\_\_

6. STREET LOCATION: \_\_\_\_\_

7. PRESENT ZONING: \_\_\_\_\_

(Board of Adjustment Application, continued page 2)

8. HAS ANY PREVIOUS APPLICATION BEEN SUBMITTED TO THE BOARD OF ADJUSTMENT WHICH INCLUDED PART OR ALL OF THIS PARCEL OF LAND? \_\_\_\_\_  
\_\_\_\_\_ IF YES, GIVE THE APPLICATION NUMBER(S) \_\_\_\_\_

9. THIS AREA PLATTED \_\_\_\_\_, OR TO BE PLATTED (PRELIMINARY-FINAL)  
\_\_\_\_\_ NAME OF SUBDIVISION: \_\_\_\_\_

10. FEE OWNER(S) OF SAID PARCEL OF LAND:

NAME \_\_\_\_\_ ADDRESS/PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS/PHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS/PHONE \_\_\_\_\_

11. NAME AND ADDRESS OF APPLICANT (IF DIFFERENT FROM OWNER):

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

THE FOREGOING INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE  
TO THE BEST OF MY KNOWLEDGE:

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PLEASE PRINT NAME

**\*\*TO BE COMPLETED BY ZONING ADMINISTRATOR\*\***

BOARD OF ADJUSTMENT FEE

PAYABLE TO: **THE CITY OF INDEPENDENCE:** \$500.00

DATE PAID: \_\_\_\_\_

Check \_\_\_\_\_

Cash \_\_\_\_\_

\_\_\_\_\_  
ZONING ADMINISTRATOR

**APPLICANT MUST PROVIDE NAMES AND ADDRESSES OF ALL ADJOINING PROPERTY OWNERS**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_