

Meeting Date: _____



121 South Main Street, Nicholasville, KY 40356
Office: 859-885-6415 Fax: 859-885-9681

For Office Use
Received: ___/___/___
Fee Paid: \$ _____
Check No: # _____
Receipt No: # _____
Permit No: _____

Zone Map Amendment Application

Worksite Information

Site Address: _____

Parcel ID: _____ Area of Tract: _____

Map Amendment Request is from _____ to _____ for _____ acres of property.
Current Zone Proposed Zone

Sewage Disposal: Septic System Sanitary Sewer System (Private) Sanitary Sewer System (Public)

Applicant Information

Name(s): _____ Mailing Address: _____
Phone: _____ Email: _____
(Phone number listed here will be used for Public Notice Signs)

Owner Information (if different from Applicant)

Name(s): _____ Mailing Address: _____
Phone: _____ Email: _____

Engineer/Surveyor Information

Name(s): _____ Mailing Address: _____
Phone: _____ Email: _____

Supporting Information: Attach the following items to the application:

- A list of all property owners and their mailing address within, contiguous to, and directly across the street from the proposed subdivision, including across county lines and touching corners (see attached sheet).
- Three copies of mailing addresses listed above printed on sticker labels for mailing purposes.
- Attach the Community Impact Analysis
- Attach the Environmental Impact Analysis
- Include Justifications for Approval
- Include plat/development plan as applicable. 19 Copies, 18" x 24".

I certify that I am the owner or the owner's agent and that all information contained in this application is accurate to the best of my knowledge. I consent to allow the Building Official to conduct Inspections to confirm Zoning and Building Code compliance. The owner/applicant attests that they have read and agree that all improvement is limited to the drawn or attached plans, shall meet the setbacks shown and any conditions of approval. Any deviations shall require written approval from the County.

X _____ Date: _____
Sign and Print name

