

Zoning Map Amendment Application

(Zone Change)

Trimble County Planning Commission

123 Church Street

Bedford, Kentucky 40006

Telephone: (502) 255-7196 Fax: (502) 255-4618

For Office Use Only:

Docket #: _____

Date Filed: _____

Filing Fees: \$ _____

Hearing Date: _____

Please type or print (blue or black ink)

Application Date: _____

Instructions	Applicant Information
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Applicant is person(s) requesting Zoning Map Amendment.

If Applicant is different than the Property Owner, provide the Property Owner's name, address, telephone, and email address

Additional pages attached

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Instructions	Property Information
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Street address of property zoning map amendment is being requested for.

If an actual street address is not available, identify the property's location along the roadway and distance to intersecting public roadways on each side of the property.

Check appropriate jurisdiction where the property is located.

Select the property's current zoning classification.

Property Address: _____

Lot#/Subdivision Name (if applicable): _____

Property Location:

The subject property is located:

Jurisdiction: City of Bedford Trimble County

Parcel: _____ Deed Book/Page #: _____ PVA #: _____

Existing Zoning:

A-1 A-2

R-1 R-2 R-3

B-1 B-2 B-3

I-1 I-2

Instructions	Zoning Change Information
<p>The requested zoning must be the most restrictive zoning that will allow the proposed use.</p> <p>Specify the proposed use of the property.</p>	<p>Requested Zoning: _____</p> <p>Proposed Use: _____</p> <p>_____</p>
Instructions	Utility & Environmental Information
<p>Indicate the availability of water and sewage disposal.</p> <p>Indicate if the property is located within a floodplain area. The Planning Commission will assist in identifying floodplain areas and map numbers.</p> <p>Indicate if the property has any known historic or archaeological site</p>	<p>Water: <input type="checkbox"/> Existing <input type="checkbox"/> Proposed</p> <p>Utility Name: _____</p> <p>Sewage Disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> On-Site Septic System</p> <p><input type="checkbox"/> Existing <input type="checkbox"/> Proposed</p> <p>Utility Name: _____</p> <p>Floodplain Areas: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Historic/Archaeological/Cemetery Sites: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, specify: _____</p>
Instructions	Findings Necessary for Zoning Change
<p>Before a zoning amendment is recommended to appropriate legislative body, the Planning Commission must make findings of fact that support the recommendation.</p> <p>If a proposed zoning amendment <i>is in agreement</i> with Comprehensive Plan, explain how the proposed zoning would conform to the Comprehensive Plan.</p>	<p>Is the proposed zoning amendment in agreement with adopted Comprehensive Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the proposed zoning amendment is in agreement with the adopted Comprehensive Plan, please state specific facts and cite applicable sections and/or wording from the adopted Comprehensive Plan (use additional sheets if necessary).</p> <p style="text-align: center;"><input type="checkbox"/> Additional pages attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Instructions	Findings Necessary for Zoning Amendment (continued)
<p>If the proposed zoning amendment is not in agreement with adopted Comprehensive Plan, the Planning Commission must find that one or both of following apply (KRS 100.213):</p> <p>(1) That the existing zoning classification given to the property is inappropriate and that the proposed zoning classification is appropriate.</p> <p>(2) That there have been major changes of an economic, physical, or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of such area.</p> <p>To show that the original zoning was inappropriate provide specific facts showing that the existing use was established prior to the time the zoning classification was established and that the use has not been discontinued.</p> <p>To show that there have been major changes within the area, describe the specific changes and how the said changes were not anticipated by the adopted Comprehensive Plan, altered the basic character of the area, and make the proposed zoning amendments appropriate.</p>	<p>If the proposed zoning amendment is not in agreement with the adopted Comprehensive Plan, please provide specific facts in support of one or both of the following (use additional sheets if necessary): <input type="checkbox"/> Additional pages attached</p> <p>1. The existing zoning classification is inappropriate, and the proposed zoning classification is appropriate. (Describe)</p> <p>2. There have been major changes of an economic, physical, or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of the area.</p> <p>A. List such major changes.</p> <p>B. Describe how such changes were not anticipated in the Comprehensive Plan.</p> <p>C. Describe how such changes altered the basic character of the area.</p> <p>D. Describe how such changes make the proposed zoning amendment appropriate.</p>

Required Supporting Documentation

The Following supporting documentation and fees must be submitted with the completed and signed application:

- 1. Legal description for each parcel to be rezoned.
- 2. Eight (8) copies no larger than 24" x 36" & two (2) copies no larger than 11" x 17" of a Preliminary Plat, Development Plan, or Planned Unit Development Plan.
- 3. Traffic Impact Study (if applicable).
- 4. Complete listing of all names and mailing address for all adjoining property owners within, contiguous to, and directly across the street. Adjacent property information shall be obtained from the PVA office.
- 5. Disclosure of ownership interest in the subject property (deed or written authorization from the owner).
- 6. Zoning Map Amendment fee, nonrefundable, payable to Trimble County Fiscal Court (see Fee Schedule).

Applicant/Owner Certification

I do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I further certify that I am the owner of the property for which the zoning amendment is filed or that I have the authority to file this application based on written authorization from the owner of this property. I further hereby certify that as owner of this property (or authorized filer) proposed for the zoning amendment, I am aware of the preliminary subdivision plat, development plan, or planned unit development plan submitted as part of the application and aware of the zoning amendment hearing process under the Zoning Regulations and KRS Chapter 100. I further hereby certify that I agree that the filing of this application constitutes an agreement with all owners and other parties having an interest in the subject property, their heirs, successors, and assigns, to comply with the conditions imposed by the Trimble Planning Commission and Zoning Ordinances.

These signatures constitute all owners of the subject property and applicant if different from owners.

Additional pages attached

Signatures of Applicant & Owners:

Title:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For Office Use Only

Date Application Received : _____ Received by: _____

Filing Fee Paid: \$ _____ Check# _____ Cash Other (specify): _____

Notice to Newspaper (Date): _____ Adjacent Mailings (Date): _____

Notice Posted on Property (Date): _____

Public Hearing (Date): _____ PC Meeting (Date): _____

Planning Commission Recommendation:

Date of Transmittal to Legislative Body: _____ Findings of Facts/ Transcript Approval Date: _____

Ordinance 1st Reading (Date): _____ Ordinance 2nd Reading (Date): _____

Final Publication (Date): _____ Final Decision: _____