

Waiver Application

For Office Use Only:

Docket #: _____

Date Filed: _____

Filing Fees: \$ _____

Hearing Date: _____

Triple S Planning Commission
501 Main Street, Courthouse, Suite 3
Shelbyville, Kentucky 40065

Telephone: (502) 633-1718 Fax: (502) 633-1709

www.shelbypz.com

Please type or print (blue or black ink)

Application Date: _____

Instructions

Applicant must be all owner(s) of the property. Spouse and/or any other parties with legal or equitable interest must join in this application. Use additional sheets, if necessary.

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

If an attorney represents the applicant, please provide the attorney's name, address, telephone and email address

Applicant Information

Additional pages attached

Applicant/Owner name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Co-Applicant/Developer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Applicant's Attorney: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Instructions

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.

Describe the property's current zoning classification and how the property is presently used.

Property Information

Street Address: _____

Lot#/Subdivision Name (if applicable): _____

Property Location:

The subject property is located on the north south east west side of _____ and approximately _____ feet miles

north east south west of _____

and approximately _____ feet miles north south east

west of _____

Jurisdiction: Shelbyville Simpsonville Shelby County

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

Existing Zoning: _____

Existing Use: _____

Instructions	Waiver Description
<p>Describe the requested waiver. Specify the use and type of structure (accessory or principal) if applicable. Use additional sheets, if necessary.</p> <p>Check the type of waiver requested.</p> <p>Specify the Regulation provision from which waiver is sought.</p> <p>Specify dimension required by the Regulations and the proposed dimension.</p> <p>If yes, attach copy of the refusal or decision.</p> <p>If yes, specify action type (zone change, conditional use permit, waiver, or appeal), application number and date.</p>	<p>Provide a <i>detailed</i> description of the requested waiver. Use additional sheets, if necessary.</p> <hr/> <hr/> <hr/> <p>Type of waiver requested:</p> <p><input type="checkbox"/> Front yard setback <input type="checkbox"/> Side yard (right)</p> <p><input type="checkbox"/> Secondary front yard setback (corner lots only) <input type="checkbox"/> Structure height</p> <p><input type="checkbox"/> Rear yard setback <input type="checkbox"/> Lot coverage</p> <p><input type="checkbox"/> Side yard setback (left) <input type="checkbox"/> Other Specify: _____</p> <hr/> <p>Regulation provision from which waiver is requested: Section: _____</p> <p>Required dimension: _____ Proposed dimension: _____</p> <p>Is this waiver application based on a refusal or decision by the Administrative Official? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has this property been subject of previous action by the Board of Adjustment and Appeals or Triple S Planning Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Action Type : _____ Docket #: _____ Date: _____</p>

Instructions	Variance Justification
<p>Before any waiver is granted the Triple S Planning Commission must find that the waiver <u>will not</u> (KRS 100.243):</p> <p>(1) Adversely affect the public health, safety, or welfare;</p> <p>(2) Alter the essential character of the general vicinity;</p> <p>(3) Cause a hazard or nuisance to the public; and</p> <p>(4) Allow an unreasonable circumvention of the requirements of the Regulations.</p>	<p>Provide written justification for the waiver (use additional pages, if necessary):</p> <p style="text-align: right;"><input type="checkbox"/> Additional pages attached</p> <p>1. Describe the reasons that the requested waiver will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard, or nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the Zoning Regulations.</p>

Instructions	Waiver Justification (continued)
<p>In making these findings, the Triple S Planning Commission shall consider whether :</p> <p>(1) The requested waiver arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;</p> <p>(2) The strict application of the regulations would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and,</p> <p>(3) The circumstances are the result of actions of the applicant taken subsequent to the adoption of the regulations from which relief is sought.</p> <p>The Triple S Planning Commission shall deny any request for a waiver arising from circumstances that are the result of willful violations of the Regulations by the applicant subsequent to the adoption of the Regulations from which relief is sought.</p>	<p>2. Identify the circumstances that are special to the property which do not generally apply to the land and in the general vicinity or in the same zoning classification.</p> <p>3. Describe how the strict application of the regulation would deprive you the reasonable use of the property or create an unnecessary hardship.</p> <p>4. Specify actions that have been taken subsequent to the adoption of the Regulations that cause the circumstances for which the waiver is sought .</p>

Required Supporting Documentation

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

- 1. Thirteen (13) copies no larger than 24" x 36" and two (2) copies no larger than 11" x 17" of a Development Plan, PUD, or Subdivision Plat drawn by a land surveyor or engineer noting placement of the structure, location of road(s), parking spaces, loading spaces, utility lines, easements, drainage, landscaping and any other pertinent information.
- 2. A copy of the deed.
- 3. 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.
- 4. Waiver filing fee, non-refundable, payable to the Triple S Planning Commission (see Fee Schedule).

Applicant/Owner Certification

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I (We) further certify that I am (we are) the owner of the property for which the waiver application is filed or that I (we) have the authority to file this application based on properly executed with the owner of this property. I (We) further hereby certify that as owner(s) of this property proposed for the waiver, I am (we are) aware of the development plan, PUD, or subdivision plat submitted as part of the application and aware of the waiver hearing process under the Zoning Regulations and KRS 100. I (We) further hereby certify that I (we) 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 Triple S Planning Commission and Zoning Regulations.

These signatures constitute all owners of the subject property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.

Additional pages attached

Signatures of Applicant & Owners:

Title:

Date:

_____	_____	_____
_____	_____	_____

FOR OFFICIAL USE ONLY

Date Application Received : _____ Received by: _____

Filing Fee Paid: \$ _____ Check #: _____ Cash

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

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

PC Decision: _____

