

Zone Change 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	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):</p> <p style="text-align: right;"><input type="checkbox"/> Additional pages attached</p> <p>1. The existing zoning classification is inappropriate, and the proposed zoning classification is appropriate.</p> <p style="padding-left: 40px;">Describe how the existing zoning is inappropriate and the proposed zoning is appropriate.</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 style="padding-left: 40px;">A. List such major changes.</p> <p style="padding-left: 40px;">B. Describe how such changes were not anticipated in the Comprehensive Plan.</p> <p style="padding-left: 40px;">C. Describe how such changes altered the basic character of the area.</p> <p style="padding-left: 40px;">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. Two (2) 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 purchase agreement).
- 6. Zone Change filing fee, nonrefundable, payable to Triple S Planning Commission (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 properly executed with the owner of this property. I further hereby certify that as owner of this property 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 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:

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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: _____

ADDENDUM TO ZONING MAP AMENDMENT APPLICATION

***Waiver of 60 Day Time Requirement by Originator
for Final Planning Commission Action***

1. Name of Project _____

2. Location of Project _____

3. Names of Applicant(s) _____

Phone No. _____ Fax No. _____ E-Mail _____

4. Address of Applicant(s) _____

City State Zip

5. Name of Property Owner(s) _____

In accordance with the provisions in KRS 100.211, the applicant(s) and property owner(s) or originators above, hereby waive the 60 day time limit for the Triple S Planning Commission to take final action on my (our) Zoning Map Amendment application. This time limit waiver is considered effective immediately upon receipt by the Triple S Planning commission.

6. **Property Owner's Signature**

(Faxed, Photocopied or scanned Signatures will **NOT** be Accepted)

7. **Applicant's Signature**

(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)