

CITY OF HENDERSON
BOARD OF ZONING ADJUSTMENT APPEAL APPLICATION
Code Enforcement Division – 100 Fifth Street
Henderson, KY 42420
Phone (270) 831-1277 FAX (270) 831-1271

For Office Use

APPEAL NUMBER _____
Hearing Date _____

APPLICANT – Please complete all items in sections I, II, III, IV, V and VI

I. Property Location

Application Date _____

Address

II. Contact Information

Owner's Name

Phone Number(s)

Mailing Address

City

State

Zip

III. Type of Appeal

_____ Conditional Use Permit – Applicant must agree to meet all conditions of KRS 100.237. Please fill out attached Conditional Use Permit Worksheet.

_____ Variances (KRS 100.241) – Pursuant to KRS 100.243. Please fill out attached Variance Worksheet to determine if variance is warranted.

_____ Administrative Review (KRS 100.257) – Please list below the alleged error in any order, requirement, decision, grant or refusal made by an administrative official in the enforcement of the zoning regulation (within 30 days of decision).

IV. Required Information

_____ Site plan showing property lines, right-of-way lines, existing and proposed construction with dimensions to the property lines, all easements and any other pertinent information (drawn to scale). Show variance requested on plan.

_____ Adjacent property owner's names and addresses (section V below).

V. Adjacent Property Owners

Adjacent Property Address	Name of Property Owner	Property Owner's Mailing Address

VI. Affirmation Statement

I/We understand and agree, upon execution and submission of this application, that I/we agree to abide by all provisions of the City of Henderson Zoning Ordinance as well as all procedures and policies of the City of Henderson Board of Zoning Appeals as those provisions, procedures and policies relate to the handling and disposition of this application; and that the information contained in this application is, to the best of my/our knowledge, true and correct.

I/We give consent to Code Enforcement staff to enter onto the property during regular business hours to make all necessary inspections in order to confirm compliance with all applicable codes and conditions relating to this appeal.

Application by _____

Owner's Signature

Date

Owner's Signature

Date

For Office Use Only

Property Zone _____

Form reviewed by (please initial) _____

Code Administrator's Decision/Recommendation:

Application Fee \$75.00 + Land Use Restriction Filing Fee \$50.00 = Total Fee \$125.00

Received _____

Decision of Board: _____

Conditions:

Date Filed in County Clerk's Office _____