

**BOARD OF ADJUSTMENT - APPLICATION FOR
CONDITIONAL USE PERMIT**

Application # _____

The undersigned requests a Conditional Use Permit as specified below. Should this application be approved, it is understood that it shall only authorize that particular use described in this application and any conditions or safe guards required by the Board. In any case where a conditional use permit has not been exercised within the time limit set by the Board, or within one (1) year, if specified time limit has not been set, such conditional use permit shall not revert to its original designation unless there is a public hearing. Granting of a conditional use permit does not exempt the applicant from complying with all of the requirements of building, housing, and other regulations. The applicant understands that the administrative official is authorized to review all conditional use permits granted by the Board, to inspect the land or structure where the conditional use is located in order to ascertain compliance with all conditions attached by the Board to the conditional use permit.

1. NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: HOME _____ BUSINESS: _____

2. LOCATION DESCRIPTION: _____ PROPERTY ADDRESS: _____

I. SUBDIVISION NAME _____ II. LOT NO. & BLOCK: _____

III. DEED BOOK & PAGE NO.: _____

(If not in a platted subdivision, attach a legal description - If platted, attached copy of plat)

3. EXISTING USE: _____

4. PROPERTY PRESENTLY ZONED AS _____ ORDINANCE NO.: _____

5. DESCRIPTION OF CONDITIONAL USE: _____

6. *APPLICANT SHALL FURNISH TO THE BOARD THE NAME AND ADDRESS OF ANY OWNER OF EACH PARCEL OF PROPERTY THAT ADJOINS ABOVE SAID PROPERTY AND ALL REQUIREMENTS AS SET FORTH IN 401.B OF THE ZONING ORDINANCE SHALL APPLY.*

7. *ATTACH A WRITTEN STATEMENT WHICH SATISFIES THE FOLLOWING TWO (2) REQUIREMENTS:*

a) A statement of the specific reasons the Board of Adjustment is justified in issuing the permit.

b) A statement of suggested conditions which must be met in order for the use to be permitted.

8. *PLEASE ATTACH A SITE PLAN FOR THE PROPOSED USE SHOWING THE LOCATION OF BUILDING, PARKING AND LOADING AREAS, TRAFFIC ACCESS AND CIRCULATION DRIVES, OPEN SPACE, LANDSCAPING, UTILITIES, SIGNS, YARDS, AND REFUSE AND SERVICE AREAS.*

DATE

OWNER'S SIGNATURE

FOR OFFICIAL USE ONLY

DECISION OF BOARD OF ADJUSTMENT: APPROVED _____ DENIED _____

If approved, the following conditions and safeguards were prescribed: _____

If denied, reason for denial: _____

*Versailles-Midway-Woodford County
Board of Adjustment*

Date

Chairman

DATE OF NOTICE TO PARTIES IN INTEREST _____

DATE OF NOTICE TO NEWSPAPER _____

DATE OF PUBLIC HEARING _____

FEES PAID: \$ _____ (conditional use permit)

\$ _____ (adj. prop. letters)

\$ _____ (co. clerk recording)

Permanently Satisfied Date _____

Zoning Administrator

Date Filed