



# Greater Harrodsburg/Mercer County Board of Adjustments & Appeals

## Application for CONDITIONAL USE PERMIT

Date Submitted: \_\_\_\_\_

Case # - \_\_\_\_\_  
(Assigned by staff)

### Applicant Information:

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Property Owner Information:

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Location Information:

Street Address: \_\_\_\_\_

Lot Information: Size \_\_\_\_\_ Deed Book/Page \_\_\_\_\_

Existing Zoning: \_\_\_\_\_ Existing Use: \_\_\_\_\_

**NOTE:** If an actual street address is unavailable, identify the location along the roadway and distance to the nearest intersection on each side of public roadways.

In accordance with KRS 100.237 the Board shall have the power to hear and decide applications for conditional use permits to allow the proper integration into the community of uses which are specifically named in the zoning regulations which may be suitable only in specific locations in the zone only if certain conditions are met.

In order to properly determine the nature and scope of your request, please state your request and list all information relevant to the request. (This includes nature of use, public access, parking, refuse, etc.) (use additional sheets if necessary and attach)

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**NOTE: SUBMISSION REQUIREMENTS-**

1. Completed Application and Fee's
2. Deed to Subject Property
3. List of Adjoining Property Owners with complete mailing addresses (including properties across the street from subject property within side property lines)
4. Plat of the subject property (if available)

If you wish to have anyone speak on your behalf at the Board meeting or in your absence, you must authorize that person or company in writing by completing the certificate below:

**Authorization for Representation**

*I authorize \_\_\_\_\_ to act as my agent before the Harrodsburg/Mercer County Board of Adjustments & Appeals regarding the filing of applications, presentations and related matters on my property as described in this application and to bind me to all requirements and agreements made on my behalf by this agent before these Bodies.*

\_\_\_\_\_  
*Owners Signature*

\_\_\_\_\_  
*Date*

**APPLICANT CERTIFICATION & SIGNATURE**

I (We) affirm that this Conditional Use Permit application was prepared by us or at my (our) direction, and I (we) hereby consent to the proposed layout and division. I (We) hereby agree to comply with all applicable Zoning and Subdivision Regulations, pay all applicable fees, and provide any and all requested information and copies. I (We) understand that it is my (our) responsibility to obtain all required documentation requested by the Board of Adjustments & Appeals and its staff. I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) 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.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

*The foregoing signatures constitute all of the property owners necessary to convey fee title or their legally constituted attorney-in-fact.*

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**FOR PLANNING COMMISSION USE ONLY:**

Required Fee: \_\_\_\_\_

Payment Information

Hearing Date: \_\_\_\_\_

Required Notice Date: \_\_\_\_\_

Board Action:

**Approved with Conditions**

**Denied**

Conditions of Approval or Reason for Denial (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date CLUR plat filed with the Mercer County Clerk's Office: \_\_\_\_\_