



Greater Harrodsburg/Mercer County Board of Adjustments & Appeals

Application for VARIANCE

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.

Variance Type(s) Requested _____

Before any Variance is granted, the Board must find that the granting of the Variance will not adversely affect the public health, safety or welfare. That it will not alter the essential character of the general vicinity; will not cause a hazard or a nuisance to the public; and will not allow an unreasonable circumvention of the requirements of the zoning regulations. In making these findings the Board shall consider whether:

1. The requested Variance arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone;
2. The strict application of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and
3. The circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought. **(The Board shall deny any request for a Variance arising from circumstances that are a result of willful violations of the zoning regulation by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.)**

VARIANCE JUSTIFICATION

Provide written justification for the variance by answering the following questions;

1. Describe the reasons that the requested Variance 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 a nuisance to the public; and will not allow an unreasonable circumvention of the requirements of the zoning regulations.

NOTE: SUBMISSION REQUIREMENTS-

1. Completed Application and Fee's
2. Boundary Survey prepared by a Kentucky Licensed Surveyor showing the proposed Variance (4 copies)
3. Deed to Subject Property
4. List of Adjoining Property Owners with complete mailing addresses (including properties across the street from subject property within side property lines)

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>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.</i>	
_____ <i>Owners Signature</i>	_____ <i>Date</i>

APPLICANT CERTIFICATION & SIGNATURE

I (We) affirm that the submitted Variance request and plat were prepared at my (our) direction, and I (we) hereby are requesting the proposed Variance shown on the plat. 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 certification signatures and that if approved, the recording of the approved plat in the Mercer County Clerk's office will be completed by Commission staff after any/all corrections/conditions have been satisfied within ten (10) days of approval. 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.

.....
FOR PLANNING COMMISSION USE ONLY:

Required Fee: _____

Payment Information

Hearing Date: _____

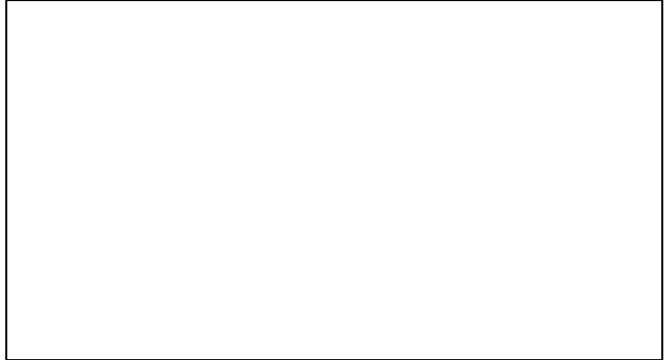
Required Notice Date: _____

Board Action:

Approved

Approved with Conditions

Denied



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

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