

Greater Harrodsburg/Mercer County Planning & Zoning Commission APPLICATION FOR

Map Amendment (Zone Change)

	Date Submitted:		nitted:
Subdivision/Project Name	ə:		
Subdivision/Project Loca	tion: (Please attacl	h a copy of the legal c	lescription):
Jurisdiction of Subdivision	n/Project: C	ity of Harrodsburg	Mercer County
Acreage of Site:			
Deed Book/Page Numbe	r of Property:	/	/
Current Zoning of the Pro	perty:		
Proposed Zoning of the F	Property:		
Proposed Use of Propert			
Property Owner: Address: Phone Number:			
Contact Person/Co-Appli Address: Phone Number:	cant:		
Note: If you are not the change is being consider presentation at the public	ered, then you wil		
Applicant Attorney: Firm Name:			
Mailing Address: City:		Zip C	Code:
Telephone:	Em	nai:	

NOTE: SUBMISSION REQUIREMENTS-

- Zoning Exhibit Plat Four (4) tri-folded signed copies sized 18"X24" (Including Metes & Bounds Descriptions)
- 2. Conceptual Development Plan Four (4) tri-folded signed copies sized 18"X24"
- 3. Completed Application and Fees
- 4. List of Adjoining Property Owners (list must contain addresses for any property owner that physically joins the subject property, and owners whose property is directly adjacent but separated by a public right of way). List shall be provided to Planning Commission of owners by applicant. PVA records shall be relied upon conclusively to determine owner identities.
- 5. Attorney provided justification in support of Map Amendment Request.

PROPERTY OWNER CERTIFICATION & SIGNATURE

I (We) affirm that the submitted plat was prepared 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 certification signatures and that upon approval, 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 O	NLY:
Required Fee:	Payment Information
TRC Meeting Date:	
TRC Recommendation	
P&Z Meeting Date:	
Planning Commission Recommendation Approve	
Approve with Conditions	
Denied Conditions of Approval or Reason for De	enial (if applicable):
Date approved plat filed with the Mercer Plat Cabinet Slide	County Clerk's Office:
(1) Before any map amendment is grante or fiscal court must find that the map comprehensive plan, or, in the absence following apply and such finding shall planning commission or the legislative box (a) That the existing zoning classificated the proposed zoning classification is (b) That there have been major chawithin the area involved which we plan and which have substantially a	ion given to the property is inappropriate and that is appropriate. Inges of an economic, physical, or social nature are not anticipated in the adopted comprehensive altered the basic character of such area.
	body, or fiscal court may adopt provisions which econsideration of a denied map amendment or the cal to a denied map amendment.

Effective: July 15, 1986