



City of Crestview Board of Adjustment Application
Office of the Zoning Administrator
Crestview Hills City Building
50 Town Center Boulevard
Crestview Hills, KY 41017
(859) 341-7373

Date: _____ Property Address: _____

Property Identification Number (PIDN) _____ Zoning Classification _____

Section of City's Zoning Code Applicable to this Request _____

Contact Information:

	Applicant	Property Owner
Contact Name	_____	_____
Company (if applicable)	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Phone/Cell Numbers	_____	_____
Email	_____	_____

Nature of Request:

Conditional Use Variance Change from one Non-Conforming Use to Another Appeal

*******Internal Use*******

Application Number _____ Application is complete (date/initial) _____

30 Day expiration date _____

Adjoining Property Notification _____ Advertisement _____

Date of Hearing _____ Fee _____ Date of Receipt _____

Board of Adjustment Action Date: _____

Approved: _____ Denied: _____

Applicant may appeal decision of Board of Adjustment to Kenton County Circuit Court on questions of law and fact.

Submission Requirements

- 1. Legal description of the property. County Deed Book and Page Number.
- 2. Names and addresses of all abutting property owners.
- 3. A site plan. The Plan shall included the following information:
 - a. Location of easements.
 - b. Identification of any street adjacent to the property.
 - c. Property Lines with bearing/dimensions.
 - d. Location of existing and proposed buildings and (if applicable) distances from buildings to property boundaries and right of way lines.
 - e. Location of driveways, sidewalks, and other parking areas.
 - f. Location of decks, porches and other appurtenances that extend beyond the buildings footprint (if applicable).
- 4. Succinct written description of the request. Include any supporting documentation that would be pertinent to the request.

Additional Requirements

- 1. For Conditional Use permits or Changes in Non-conforming uses, applicants shall submit factual information demonstrating that the proposed use is convenient for the public, a desirable service and that the facility will contribute to general vicinity, and not be a detriment to the public’s health, safety, and welfare.
- 2. For Variances, the applicant shall submit factual information that demonstrates that; (1) granting the variance will not impact the health, safety and welfare of the community; (2) that the requested variance arises from a special circumstance that do not generally apply to the land in the vicinity; and (3) that strict application of the provisions of the zoning code would deprive the applicant of reasonable use of their land and create an unnecessary hardship.
- 3. If the applicant is filing an appeal to the Zoning Administrator’s decision, information should be included explaining why the applicant believes the decision is contrary to the intent of the zoning code requirements.

Notices:

All Fees are Non-Refundable. Fee as of 1/15/2011 are \$500 for all BOA Requests.

Applications will not be accepted and processed until all the required information has been supplied. This application may require a site visit or additional research by City Staff.

No work shall be started until proper permits have been issued. All actions taken in connection with this application are based on the representations of the applicant as well as all submitted information. The Applicant is certifying that all information submitted, either verbally or in writing, is true and factual.

I hereby certify that I am the owner or authorized agent of this property and I will comply with all applicable laws and codes for the proposed improvement, and that all information presented is accurate.

Applicant

Date

Authorized Agent

Date