APPLICATION FOR ZONING PERMIT

CITY OF HIGHLAND HEIGHTS, COUNTY OF CAMPBELL, COMMONWEALTH OF KENTUCKY

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ONLY, EXCEPT FOR SIGNATURES. APPLICATIONS MUST BE IN TRIPPLICATE AND COMPLETE AT TIME OF SUBMISSION.

NAME OF FEE OWNER(S) ___________________________________________________________

NAME OF DULY AUTHORIZED LEGAL AGENT, if applicable _____________________________

ADDRESS OF APPLICANT __________________________________________________________

PHONE NUMBER WHERE APPLICANT MAY BE REACHED __________________________________

LEGAL DESCRIPTION OF PROPERTY FOR WHICH ZONING PERMIT IS BEING REQUESTED:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

ZONE IN WHICH PROPERTY IS LOCATED ________________________________________________

THIS AREA: PLATTED _______ NAME OF PLAT _______ TO BE PLATTED _______
(PRELIMINARY-FINAL) SUBMITTED _______

NAME OF PLAT ____________________________________________________________________

ARE THERE ANY DEDICATED RIGHTS-OF-WAY OR EASEMENTS, OTHER THAN THOSE
DEPICTED ON ACCEPTED AND RECORDED PLATS, WHICH ABUT OR TRAVERSE PART OR
ALL OF THIS PARCEL OF LAND? _________. IF YES, GIVE THE BOOK(S) _______ AND
PAGE NUMBER(S) _______ OF EACH.

ATTACHED HERTO:

1. A development plan, if required by this Ordinance (in triplicate)
2. A plot plan (in triplicate) as required by Section 15.1 B (4) of this Ordinance including items listed as follows:
a. The location of every existing and proposed building with number of floors and gross floor area, the use or uses to be contained therein, the number of structures including dimensions and height, and the number, size and type of dwelling units.
b. All property lines, shape and dimensions of the lot to be built upon.
c. Lot width at minimum building setback line.
d. Minimum front and rear yard depths and side yard widths.
e. Existing topography with a maximum of two-foot contour intervals. Where existing ground is on a slope of less than two percent, either one-foot contours or spot elevations not more than fifty (50) feet apart shall be required.
f. The proposed finished grade of the development area shown by contours with intervals not larger than two (2) feet supplemented where necessary by spot elevations.
g. Total lot area in square feet.
h. Location and dimensions of all curb cuts, driving aisles, off-street parking and loading and/or unloading spaces including number of spaces, angle of stalls and illumination facilities.
i. Layout, type or surfacing, cross sections and drainage plans for all off-street parking facilities.
j. A drainage plan of the lot area including provisions for the adequate control of erosion and sedimentation, indicating the proposed temporary and permanent control practices and measures which will be implemented during all phases of clearing, grading and construction.
k. All sidewalks, malls, and open spaces.
l. Location, type and height of all walls, fences and screen plantings.
m. Location, size, height, class and orientation of all signs.
n. Location of all existing and proposed streets including rights-of-way and pavement widths.
o. All existing and proposed water and sanitary sewer facilities, indicating all pipe sizes, types and grades.
p. And such other information as may be required by the Zoning Administrator to determine conformance with and provide for enforcement of this Ordinance and State Statutes of the Commonwealth of Kentucky.

3. An “ITEMS SUBMITTED SHEET” (in triplicate)

EXPIRATION OF ZONING PERMIT: If a building permit, as required herein, had not been obtained by ____________________________ this permit shall expire.

(date to be filled in by Zoning Administrator)

FOR CITY USE ONLY:

ZONING PERMIT FEE ____________________________

PAID STAMP

ZONING ADMINISTRATOR
I hereby depose and say, under the penalties of perjury, that all of the statements and/or information contained herein or submitted with this application are true. If any statements and/or information are found at a later date to be false, this permit shall become null and void.

_______________________________________________
OWNER’S OF DULY AUTHORIZED
LEGAL AGENT’S SIGNATURE

CITY OF _____________________________)
COUNTY OF _____________________________)
COMMONWEALTH OF _____________________________)

Subscribed and sworn to before me this ____ day of ____________________20 __

BY________________________________         ______________________________
NOTARY PUBLIC

My Commission expires___________________________________________________
ITEMS SUBMITTED SHEET

(TO BE COMPLETED IN TRIPLICATE)

TO BE COMPLETED BY APPLICANT

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I (we) hereby acknowledge by signature that all of the above listed items have been submitted with the attached application and understand that the application will not be processed if any of the said items are not with said case.

___________________________________________
OWNER’S OR DULY AUTHORIZED
LEGAL AGENT’S SIGNATURE
APPLICATIONS PROCEDURAL GUIDE
FOR REZONING APPLICATIONS

Any person, group, firm, legal entity or a duly authorized legal agent for one of the aforementioned, filing
a rezoning application for the rezoning of any parcel of property within the incorporated area of the city
of Highland Heights, Commonwealth of Kentucky, shall be required to comply with the following
procedures and conditions and the requirements of the Highland Heights Zoning Ordinance.

1. The applicant shall submit to the Zoning Administrator, no less than fourteen (14) consecutive
   calendar days prior to the next regular meeting of the Planning Commission, the following items:
   a. An application, in triplicate, on the prescribed form, provided by the Zoning
      Administrator.
   b. An “Items Submitted Sheet”, in triplicate, on the prescribed form, provided by the Zoning
      Administrator.
   c. Eight (8) sets of any plans which are required by the Zoning Administrator or Zoning
      Ordinance.
   d. Eight (8) sets of any other plans, sketches, pictures, reports, or exhibits that the applicant
      may wish to submit.
      NOTE: No required plans nor any other submitted plans, sketches, pictures or exhibits
      shall be accepted that measure larger than eight (8) inches by eleven (11) inches without
      damaging or affecting said items.
   e. All copies of the rezoning application shall be signed by the fee owners(s) of the parcel of
      property to be rezoned, or by a duly authorized legal agent or notarized.

2. A fee of three hundred dollars ($300) shall be required at the time each application is submitted.
   A separate application shall be required for each zoning change.

3. The Planning Commission shall hold at least one public hearing after notice as required by K.R.S.
   Chapter 424. After the public hearing, the Planning Commission shall recommend to the City
   Council the approval or denial of the rezoning application and it shall take a majority of the entire
   City Council to override the recommendations of the Planning Commission.

4. The applicant shall be required to post the parcel of property described on the rezoning
   application with a number of signs and in the location as prescribed by the Zoning Administrator,
   not less than seven (7) consecutive calendar days before the Planning Commission hearing date
   and shall keep such sign(s) displayed during the time the rezoning application is pending. The
   sign(s) shall be placed on the parcel of property easily discernible to neighbors and passerby, and
   no more than ten (10) feet from the property line. The general location and number of signs shall
   be determined by the Zoning Administrator.

5. The reasoning notice card, sign board and post shall be prepared and furnished by the Zoning
   Administrator. The applicant shall be notified as to the time to pick up such sign(s).

6. There shall be a deposit of twenty-five dollars ($25.00) required for each sign which shall be
   refunded at the time the sign(s) are returned to the Zoning Administrator’s office by the applicant,
   but only when the returned sign(s) is accompanied by the sign deposit receipt. The sign(s) shall
be returned undamaged to the Zoning Administrator no later than thirty (30) consecutive calendar
days after final action of the sign(s) shall be picked up and the deposit shall be forfeited.

7. There shall be no transferring of sign(s) from one case to another. Each rezoning application shall
have to obtain the posting sign(s) for that particular case from the Zoning Administrator.

8. If the rezoning application is recommended for approval by the Planning Commission, the Zoning
Administrator shall prepare and attach a new notice card to the sign(s) already posted.

9. NO REZONING APPLICATION SHALL BE ASSIGNED A CASE NUMBER OF A
HEARING DATE UNTIL:

   a. ALL THE REQUIRED ITEMS HAVE BEEN COMPLETED AND SUBMITTED TO
      THE ZONING ADMINISTRATOR.
   b. THE LEGAL DESCRIPTION HAS BEEN CHECKED AND APPROVED BY THE
      ZONING ADMINISTRATOR.
   c. THE NUMBER OF ACRES IN SAID APPLICATION DETERMINED.
   d. THE APPLICATION IS IN TRIPlicate AND HAS BEEN PROPERLY
      COMPLETED.
   e. THE REQUIRED INFORMATION OR DRAWINGS SUBMITTED, AND IN THE
      REQUIRED MANNER AND NUMBER.
   f. THE NUMBER OF SIGNS DETERMINED BY THE ZONING ADMINISTRATOR.
   g. THE FULL AMOUNT FOR BOTH THE FEE AND SIGN DEPOSIT PAID BY CHECK
      OR MONEY ORDER ONLY, AND MADE PAYABLE TO THE
      “________________________”, AND ONLY FOR THE exact AMOUNT DUE.
Case Number ____________________
Map Number ____________________
Date Received __________________
Planning Commission
Hearing Date ____________________
Action _________________________
City Council
Hearing Date ____________________
Action _________________________

REZONING APPLICATION

CITY OF HIGHLAND HEIGHTS, CAMPBELL COUNTY, COMMONWEALTH OF KENTUCKY

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ONLY EXCEPT FOR SIGNATURES, APPLICATIONS
MUST BE IN TRIPlicate AND COMPLETE AT TIME OF SUBMISSION.

I, (We), the undersigned, request a hearing before the Highland Heights Planning Commission in regard
to rezoning the following described property: (If more space is needed, attach an additional sheet of this
same size.)

LEGAL DESCRIPTION:

Street Location ______________________________________________________________________

From Present Zoning of: ______________ To: _____________ Approximate Area: ______________

This Area: PLATTED _________ NAME OF PLAT __________ TO BE PLATTED __________

(PRELIMINARY-FINAL) SUBMITTED: __________ NAME OF PLAT: _______________________

FEE OWNERS OF AREA TO BE REZONED:

NAME: _____________________ ADDRESS: ________________________ PHONE: ____________
NAME: _____________________ ADDRESS: ________________________ PHONE: ____________
CALL: _____________________ PHONE: ______________________ WHEN SIGNS ARE READY

“ITEMS SUBMITTED SHEET” ATTACHED HERETO __________________________

---

Highland Heights Zoning Ordinance  May 2004  NKAPC
I hereby depose and say under the penalties of perjury that all of the statements, contained in or submitted with this application are true.

_______________________________________________
OWNER’S OF DULY AUTHORIZED
LEGAL AGENT’S SIGNATURE

CITY OF _____________________________)
COUNTY OF _____________________________)
COMMONWEALTH OF _____________________________)

Subscribed and sworn to before me this ____ day of ____________________20 ____

BY __________________________________         ______________________________
NOTARY PUBLIC

My Commission expires___________________________________________________

FOR DEPARTMENT USE ONLY:

REFER CASE TO

1. _____________________________ Referred: ________________________
2. _____________________________ Referred: ________________________
3. _____________________________ Referred: ________________________
4. _____________________________ Referred: ________________________

REZONING FEE ______________________
SIGN DEPOSIT ______________________
TOTAL AMOUNT ______________________

NO. OF SIGNS _______________________

________________________________ PAID STAMP
ACTION TO REZONE

INITIATED BY HIGHLAND HEIGHTS PLANNING COMMISSION

CITY OF HIGHLAND HEIGHTS, CAMPBELL COUNTY, COMMONWEALTH OF KENTUCKY

Having duly considered the existing zoning on a parcel of land described as follows:

LEGAL DESCRIPTION:

Street, Location: __________________________
From Present Zoning of: ___________________ To: __________ Approximate Area __________
Purpose: _________________________________
This Area: PLATTED ______ NAME OF PLAT ______ TO BE PLATTED ______
(PRELIMINARY-FINAL) SUBMITTED: ___________ NAME OF PLAT: ________

The Highland Heights Planning Commission by Resolution adopted at their regular meeting held in ________, Kentucky on the ______ Day of ____________, 20________, will hear evidence concerning the rezoning of the aforementioned parcel to determine whether such parcel should be recommended for rezoning, in whole, or in part, by said Planning Commission.
Appendix A   Forms And Procedures

______________________________                  _______________________________
Secretary                                                                Chairman

CITY OF _____________________________)
COUNTY OF__________________________)
COMMONWEALTH OF _________________)

Subscribed and sworn to before me this _____ day of _________________ 20_____.
My Commission expires:__________________________________________________

________________________________
Notary Public
BOARD OF ADJUSTMENT APPLICATION

CITY OF HIGHLAND HEIGHTS, CAMPBELL COUNTY, COMMONWEALTH OF KENTUCKY

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ONLY EXCEPT FOR SIGNATURES, APPLICATIONS MUST BE IN TRIPlicate AND COMPLETE AT TIME OF SUBMISSION

NAME OF APPLICANT: __________________________________________________

(PRINT)

ADDRESS OF APPLICANT: ______________________________________________

(PRINT)

TELEPHONE NUMNER OF APPLICANT: ____________________________________

IF NOT THE APPLICANT, NAME, ADDRESS AND TELEPHONE NUMBER OF CONTACT PERSON

NAME: ___________________________ PHONE: ____________

(PRINT)

ADDRESS: ____________________________________________________________

I, (WE), THE ABOVE NAMED APPLICANT, REQUEST A HEARING BEFORE THE BOARD OF ADJUSTMENT IN REGARD TO THE FOLLOWING APPEAL WHICH WAS DENIED BY THE ZONING ADMINISTRATOR, ________________________________

BUILDING INSPECTOR__________________________

ON _____________________ 20 ______ FOR THE REASON THAT IT WAS

(DATE)

A MATTER WHICH, IN THE OPINION OF THE AFOREMENTIONED, SHOULD PROPERLY COME BEFORE THE BOARD OF ADJUSTMENT.

CONDITIONAL USE: _____________________________________________

DIMENSIONAL VARIANCE: _________________________________________

INTERPRETATION ____________________________________________

CHANGE FROM ONE NON-CONFORMING USE TO ANOTHER____________
IS REQUESTED TO SECTION______________________________(INDICATE SUBPART(S) OF SECTION) OF THE CITY OF HIGHLAND HEIGHTS, CAMPBELL COUNTY, COMMONWEALTH OF KENTUCKY ZONING ORDINANCE.

REMARKS: (APPLICANT ONLY) (INCLUDING DESCRIPTION OF REQUEST BEING MADE AND REASON:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

____________________________________________
Street Location: _________________________________________________________

Present Zoning: ______________________. Is there a rezoning case scheduled which includes part of all of this parcel of land? ____________ If yes, give the case number(s) _____________________. Has any previous application been submitted to the Board of Adjustment which included part or all of this parcel of land? ____________ If yes, give the case number(s) _____________________.

This Area: PLATTED_____________________NAME OF PLAT__________________
TO BE PLATTED_______________(PRELIMINARY-FINAL SUBMITTED___________

Are there any dedicated rights-of-way or easements, other than those depicted on accepted and recorded plats, which abut or traverse part of all of this parcel of land? ____________ If yes, give the Book(s)______________________and Page Number(s)_______________of each.

FEE OWNER(S) OF SAID PARCEL OF LAND:

NAME:_________________ADDRESS: ________________PHONE:______________
NAME:_________________ADDRESS: ________________PHONE:______________
NAME:_________________ADDRESS: ________________PHONE:______________
CALL:__________________PHONE:_________________WHEN SIGNS ARE READY.

READ BEFORE SIGNING

I (We), hereby state that, in approval of a case which allows for a dimensional variance of the construction of a conditional use, a building permit shall be obtained within sixty (60) calendar days from the date of such action of this Board of Adjustment, otherwise, I understand the request is automatically disallowed, unless the Board of Adjustment specifically indicates another time limit in which to obtain a building permit. However, in no case shall said time be no longer than six (6) months.

I, (We), depose and say under the penalties of perjury that all of the statements, specifics, proposals and/or plans contained in or submitted with this application are true.
Appendix A   Forms And Procedures

OWNER’S OR DULY AUTHORIZED
LEGAL AGENT’S SIGNATURE

CITY OF _____________________________)
COUNTY OF _______________________
COMMONWEALTH OF _________________)

Subscribed and sworn to before me this ___________ day of ____________ 20_____.
By:_______________________                      _________________________________
                      NOTARY PUBLIC

My Commission Expires: _________________________________

REFER CASE TO:

1. _____________________________ Referred: ________________________
2. _____________________________ Referred: ________________________
3. _____________________________ Referred: ________________________

FEE____________________________            NO. OF SIGNS_______
SIGN DEPOSIT___________________                                                    ____________
TOTAL AMOUNT__________________                                                     PAID STAMP
APPLICATION FOR CERTIFICATE OF OCCUPANCY FOR LAWFUL NON-CONFORMING USES AND STRUCTURES
CITY OF HIGHLAND HEIGHTS, COUNTY OF CAMPBELL, COMMONWEALTH OF KENTUCKY

Case No: ________________________
Map No: _________________________
Date: ___________________________
Date (Issued-Denied_______________

This is to certify that the (lot), (use of land), (use of building), (building), (structure), (sign),(fence), located at:__________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

was in legal existence on the effective date of the Official Zoning Ordinance of the city of Highland Heights, Commonwealth of Kentucky, as detailed below:

1. The property is presently located in _______________________________________
   Zoning District.

2. The (lot), (land), (building), (structure), (sign), (fence), is used for:

3. Other details of non-conformity are: _______________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

4. Copies of the following documents are submitted herewith as evidence of proof of lawful conformance before the effective date of the Official Zoning Ordinance of the city of Highland Heights, Commonwealth of Kentucky:
   a.                                                                                   
   b.                                                                                   
   c.                                                                                   
   d.                                                                                   
   e.                                                                                   
   f.                                                                                   

I (We), do hereby depose and say under the penalties of perjury that all of the statements, or information contained in and/or submitted with this application are true and further understand that if any statements, or information, are found to be false at a later date, any Certificates of Occupancy For A Lawful Non-Conformance shall become null and void.
CITY OF _____________________________ )
COUNTY OF _____________________________ )
COMMONWEALTH OF _____________________________ )

OWNER’S OR DULY AUTHORIZED
LEGAL AGENT’S SIGNATURE

Subscribed and sworn to before me this _______ day of ___________ 20_________.

BY: _________________________________

____________________________________
NOTARY PUBLIC

My commission expires: ____________________

Fee: $_________________