

Case No. _____
Map No. _____
Date Received _____
Action _____

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 _____

Case No. _____
Map No. _____
Date Received _____

ITEMS SUBMITTED SHEET

(TO BE COMPLETED IN TRIPLICATE)

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE EXCEPT FOR SIGNATURES

Items Submitted:

FOR ZONING
ADMINISTRATOR'S
CHECK ONLY

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |

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 s 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 TRIPPLICATE 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 _____

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

Case No. _____
 Map No. _____
 Date Initiated _____
 Planning Commission
 Hearing Date _____
 Action _____
 City Council
 Hearing Date _____
 Action _____

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.

Secretary

Chairman

CITY OF _____)
COUNTY OF _____)
COMMONWEALTH OF _____)

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission expires: _____

Notary Public

Case No. _____
Map No. _____
Date Received _____
Hearing Date _____
Action _____

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.

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 _____
SIGN DEPOSIT _____
TOTAL AMOUNT _____

NO. OF SIGNS _____

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: \$ _____

PAID STAMP