

# REZONE APPLICATION



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Planning Department

## APPLICANT INFORMATION

Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
KY1- \_\_\_\_\_  
Phone (not a cell #) \_\_\_\_\_  
E-mail \_\_\_\_\_

## AGENT INFORMATION

Contact Person \_\_\_\_\_  
Company \_\_\_\_\_  
Postal Address \_\_\_\_\_  
KY1- \_\_\_\_\_  
Phone (not a cell #) \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail \_\_\_\_\_

## LAND INFORMATION

Block  Parcel

Describe any existing development on the site

Describe surrounding land uses

## PROJECT INFORMATION

Current Zoning \_\_\_\_\_

Zoning Proposed \_\_\_\_\_

Zoning of surrounding parcels \_\_\_\_\_

State the reason(s) for the Rezone Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended land use \_\_\_\_\_

\_\_\_\_\_

*For Official Use Only*

PLN Fee \$ \_\_\_\_\_ Accepted By \_\_\_\_\_  
Fee Rate \$ \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Date Paid \_\_\_\_\_

File No \_\_\_\_\_  
Rezone No(s) \_\_\_\_\_

I hereby certify that the information provided is accurate and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Applicant/Agent (dd/mm/yy)

## QUALIFICATIONS FOR REVIEW \*

- Three (3) copies of the Site/Location plan showing the site to be re-zoned outlined in red. This plan can be a copy of the Registry Map, Scale 1:2,500 or 1:5,000 and less than 60 days old.
- The applicant is encouraged to submit a covering letter stating the reasons for the Rezone request.
- Registry Map & Land Register (less than 60 days old) (1 Copy Each)
- Application Fee

*\*Note supplying these requirements does not guarantee approval \**

Date Stamp

Planning Fee  
Paid Stamp