

APPLICATION FOR CONDITIONAL USE PERMIT
City Of Mount Sterling, Board Of Adjustment
Mount Sterling, Kentucky

Application Number _____

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The Undersigned requests a conditional use permit as specified below. Should this application be approved, it is understood that it shall only authorize that particular conditional use as described in this application and any conditions or safeguards required by the Board. If this conditional use is not used or discontinued for 12 months or no longer used or needed or removal of the nonconforming improvement or specific condition(s) requiring or making the necessity in this conditional use permit to bring conformance of the property, then this conditional use permit shall automatically expire. The property owner may not reestablish the conditional use permit, but may reapply as allowed by the applicable zoning ordinance. Failure to appear is grounds for denial of the application.

1. Name of Applicant _____

Mailing Address _____

Phone Number _____ Home _____ Business _____ Cell Phone _____ E Mail _____

2. Locational Description: Subdivision Name _____

Legal Description And/Or Street Address _____

3. Existing Use _____

4. Zoning District _____

5. Description of Conditional Use: _____

6. Supporting Information: Attach a plan for the proposed use (seven copies) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date _____

Applicant: _____

APPLICATION FOR CONDITIONAL USE PERMIT
City Of Mount Sterling, Board Of Adjustment
Mount Sterling, Kentucky

Application Number _____

For Official Use Only

Date Filed _____

Date of Notice to Parties in Interest _____

Date of Notice to Newspaper _____

Date of Public Hearing _____

Fee Paid \$ _____

Decision of Board of Zoning Adjustment: Approved _____ Denied _____

If Approved, the following conditions and safeguards were prescribed:

1. _____
2. _____
3. _____
4. _____

If Denied, reason for denial _____

Date _____

Mt. Sterling Board of Zoning Adjustment

Chairman

Note: One (1) Copy to be filed with the Administrative Officer
One (1) Copy to be filed with Zoning Board of Adjustment Secretary
One (1) Original to be filed with the Montgomery County Clerk, at expense of Applicant.