



**BOARD OF ADJUSTMENT APPLICATION**

*(To be completed by applicant; please print or type)*

- ◆ FEE: \$500.00 per appeal
- ◆ Required fees shall be paid at the submittal of the application. Checks should be made payable to the City of Alexandria

Street Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Fee Owner(s) of said parcel of land:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph #: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Ph #: \_\_\_\_\_

I/We, the undersigned, request a hearing before the Alexandria Board of Adjustment in regard to the following appeal, which was denied by the Zoning Administrator, \_\_\_\_\_, and/or Building Inspector, \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_, for the reason that it was a matter which, in the opinion of the aforementioned, should properly come before the Board of Adjustment.

*(Check all that apply)*

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 Alexandria, Kentucky Zoning Ordinance.

Present Zoning: \_\_\_\_\_

a) Is there a rezoning case scheduled which includes all or part of this parcel of land? Y / N

If yes, give the case number(s) \_\_\_\_\_

b) Are there any dedicated right-of-ways or easements, other than those depicted or accepted, and recorded plats, which abut or traverse part of all of this parcel of land? Y/N

If yes, Book(s) \_\_\_\_\_ Page # \_\_\_\_\_

I/We hereby state that in approval of a case which allows for a dimensional variance or the construction of a conditional use, a building permit shall be obtained within 60 (sixty) 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 longer than 6 (six) months.

I/We depose and say under the penalty of perjury, that all of the statements, specifics, proposals and/or plans contained in or submitted with this application are true.

\_\_\_\_\_  
(Owner or Duly Authorized Legal Agent's Signature)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

State of Kentucky

County of Campbell

The foregoing instrument was acknowledged before me by \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

My Commission Expires: \_\_\_\_\_ Signed: \_\_\_\_\_

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(For City Use Only)

B.A. #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Amt.Pd: \_\_\_\_\_

ACTION: \_\_\_\_\_  
\_\_\_\_\_

Refer case to:

1. \_\_\_\_\_ Referred: \_\_\_\_\_

2. \_\_\_\_\_ Referred: \_\_\_\_\_