



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: _____

(For City Use Only)

B.A. #: _____ Date Received: _____

Hearing Date: _____ Amt.Pd: _____

ACTION: _____

Refer case to:

1. _____ Referred: _____

2. _____ Referred: _____