

**City of Olive Hill
225 Roger Patton Drive
Olive Hill, KY 41164**

Phone: (606) 286-5533

Fax: (606) 286-8538

**DIMENSIONAL VARIANCE/CONDITIONAL USE
PERMIT APPLICATION FORM**

Check one:

Dimensional Variance

Conditional Use Permit

As the requesting party, you must submit the following information to the Olive Hill Building Department for the Board of Adjustment's review:

1. A written request in detail for a dimensional variance or a conditional use permit.
2. This request must include reasons for the request along with reasons that the variance will preserve, not harm, the public health, safety and welfare and will not alter the essential character of the neighborhood.
3. Dimensional variance or Conditional use permit fee of \$50.00, paid to the City of Olive Hill.
4. All variances and conditional use permits approved by the Board of Adjustment shall be recorded by the applicant at the expense of the applicant in the Office of the County Court Clerk.

The Board of Adjustments will review request within
2 weeks (10 working days) of receipt of application.

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Board of Adjustment
Application

******* TO BE COMPLETED BY ZONING ADMINISTRATOR *******

Application Number: _____ Hearing Date: _____

Date Received: _____ Action: _____

Board of Adjustment Fee: _____ Date Paid: _____

******* TO BE COMPLETED BY APPLICANT *******

(Print or type only, except for signatures, application must be complete at time of submission)

1. I, THE UNDERSIGNED, REQUEST A HEARING BEFORE THE BOARD OF ADJUSTMENT, IN REGARD TO THE FOLLOWING:

_____ Conditional Use Permit

_____ Variance

_____ Change from one nonconforming use to another nonconforming use

_____ Appeal of zoning administrator's decision/interpretation

2. DESCRIPTION OF REQUEST BEING MADE (INDICATE APPROPRIATE SECTION OR SUBSECTIONS OF THE CITY'S ZONING ORDINANCE, WHERE APPLICABLE).

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3. REASONS FOR REQUEST (MAY BE ATTACHED).

4. LEGAL DESCRIPTION (IF APPLICABLE, MAY BE ATTACHED)

5. IS SITE PLAN ATTACHED (IF DETERMINED NECESSARY BY THE ZONING ADMINISTRATOR) CONTAINING THE APPLICABLE REQUIREMENTS OF THE CITY OF OLIVE HILL'S ZONING ORDINANCE?

_____ YES

_____ NO

6. STREET LOCATION: _____

7. PRESENT ZONING: _____

8. HAS ANY PREVIOUS APPLICATION BEEN SUBMITTED TO THE BOARD OF ADJUSTMENT, WHICH INCLUDED PART OF, OR THE ENTIRE PARCEL OF LAND?

_____ YES _____ NO IF YES, GIVE THE APPLICATION NUMBER(S) _____

9. THE AREA PLATTED _____, OR TO BE PLATTED
(PRELIMINARY or FINAL) _____

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10. FEE OWNER(S) OF SAID PARCEL OF LAND:

1. NAME: _____

ADDRESS: _____

PHONE: _____

2. NAME: _____

ADDRESS: _____

PHONE: _____

3. NAME: _____

ADDRESS: _____

PHONE: _____

11. NAME AND ADDRESS OF APPLICANT (if different from owner):

12. THE FOREGOING INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

******* TO BE COMPLETED BY ZONING ADMINISTRATOR *******

Action of the Board of Adjustment: _____ Approved _____ Denied

Conditions: _____

Board of Adjustments Chairman

Zoning Enforcement Officer

PLEASE DIRECT ALL PERTINENT CORRESPONDENCE TO THE ZONING ADMINISTRATOR