

**Conditional Use Permit Application**  
Land of Lincoln Planning Commission  
LaRue County Courthouse, Suite 12  
209 West High Street, Hodgenville, KY 42748  
Phone (270) 358-0830  
**Board of Adjustments**

**Application Number**  **Date**

**Applicant(s) Name:**

**Address:**

**Home Phone**  **Work Phone**

**Owner's Name** (If different from applicant):

**Address:**

**Phone**

**Property Location**

**Present Zoning**  **PVA #:**

**Size of Property**

I/We request a Conditional Use Permit allowed in Section  of the Zoning Regulations for property located in the  Zoning District to permit:

Has this property previously been subject to action by the Planning Commission?  YES  NO

If YES, provide the application number and date of previous application

**Application#:**  **Date**

**Items required for submission:**

There is a \$16.00 fee for recording the Conditional Use Permit.

1. \$250.00 Conditional Use Fee. Note: \$625.00 Special Called Meeting
2. Legal Description, Development Plan, Recent Survey or Record Plat of Property showing the dimensions and location of existing and/or proposed developments.
3. List all adjoining property owners and their addresses. This information is available from the PVA office located on the first floor of the Courthouse.
4. Copy of the PVA Map showing the subject property.
5. Completed Application

Conditional Use Permit Worksheet  
Please provide the following information

A). Please list the street(s) to which the proposed use will have access:

B). List the hours of operation and number of employees

C). Please provide the estimated number, type and frequency of the traffic which will be generated by the use:

D). List the type of developments, which are adjacent to the subject property:

E). In your opinion, will the proposed use be compatible with the existing and/or future land uses in the neighborhood?

F). Give the reasons that the granting of the conditional use permit will not adversely affect the public health, safety, or welfare of the neighborhood, will not cause a hazard or a nuisance to the public, and will not allow and unreasonable circumvention of the requirements of the zoning regulations:

G). Please provide a copy of any recorded subdivision restrictions, deed restrictions, or protective covenants, which are applicable to the subject property:

Applicant's Certification:

I do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge and belief and I understand that any inaccuracies may be considered just cause for the invalidation of this application and any action taken on this application. I further certify that I am the owner of the subject property or that I have the authority to file this application based on properly executed documents with the owner of the subject property.

Date

Applicant(s) Signature:

Owner's Certificate: (complete *only* if the applicant is *not* the owner of the subject property).

**I do hereby certify that as the owner of the property proposed for this conditional use in this application. I am aware of the proposed use, application, and conditional use process required by the Land of Lincoln Board of Zoning Adjustments and KRS 100.**

Date

Owner(s) Signature:

