

Case Number _____
Map Number _____
Date Received _____
Hearing Date _____
Action _____

BOARD OF ADJUSTMENT APPLICATION

CITY OF PARK HILLS, COUNTY OF KENTON, COMMONWEALTH OF KENTUCKY

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ONLY EXCEPT FOR SIGNATURES. APPLICATIONS
MUST BE IN TRIPLICATE AND COMPLETE AT TIME OF SUBMISSION.

I (We), the undersigned, request a hearing before the _____ Board of Adjustment in regard to the following appeal which was denied by the Zoning Administrator _____, Building Inspector _____ on _____, 19 _____ for the reason that it was a matter which, in the opinion of the aforementioned, should properly come before the Board of Adjustment.

Conditional Use _____ Dimensional Variance _____
Interpretation _____ Change from one non-conforming use to another _____
other _____ is requested to Section _____ (indicate subpart(s) of Section) of the city of Park Hills, Commonwealth of Kentucky Zoning Ordinance.

REMARKS: (Applicant only) (include description of request being made and reason):

LEGAL DESCRIPTION: