

REQUEST FOR DIMENSIONAL VARIANCE
City Of Mount Sterling, Zoning Board of Adjustment
Mount Sterling, Kentucky

Application Number _____

Page 1 of 2

The Undersigned requests a variance as specified below. Should this application be approved, it is understood that it shall only authorize that particular variance as described in this application and any conditions or safeguards required by the Board. If this zoning variance is not used within 6 months or no longer used or needed or removal of the nonconforming improvement or specific condition(s) requiring or making the necessity in this variance to bring conformance of the property, then this variance shall automatically expire. The property owner may not rebuild or otherwise reestablish or worsen the nonconforming condition or situation. Applicant understands that they must be present or have legal representative at the Board of Adjustment meeting to present the application. Failure to appear is grounds for denial of the application.

1. Name of Applicant _____

Mailing Address _____

Phone Number (____) _____ Cell Phone (____) _____ E Mail _____

2. Locational Description: Subdivision Name _____

Legal Description and/or Street Address _____

3. Existing Use _____

4. Zoning District _____

5. Description of Variance _____

6. Supporting Information: Attach a plan for the proposed use (seven copies) showing the location of building, parking and loading areas, traffic access and circulation drives, open space, landscaping, utilities, signs, yards, and refuse and service areas. Also attach a narrative statement relative to the above requirements and also explain the economic, noise, glare, and odor effects on adjoining property and the general compatibility with adjacent and other properties in the district.

Date: _____

Applicant: _____

Application Number _____

For Official Use Only

Date Filed _____

Date of Notice to Parties in Interest _____

Date of Notice to Newspaper _____

Date of Public Hearing _____

Fee Paid \$ _____

Decision of the Planning and Zoning Commission: Approved _____ Denied _____

If approved, the following conditions and safeguards were prescribed:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

If denied, reason for denial _____

Date _____

Chairman – Zoning Board of Adjustment

Note: One (1) Copy to be filed with the Administrative Officer
One (1) Original to be filed with the Montgomery County Clerk, at expense of Applicant.