



APPLICANT: _____

ZONE CHANGE ADDRESS: _____

PVA PARCEL #(S): _____

DATE & TIME OF HEARING: _____

LOCATION: **The Energy Center
City Council Chambers
306 East Mount Vernon Street
Somerset, KY 42501**

APPLICATION #: **ZC 2021-** _____

APPLICANT MUST PROVIDE:

____ A completed and signed Zone Change Application

____ A check made payable to the City of Somerset in the amount of \$402.00

____ A copy of the plat(s)

____ A copy of deed to property/properties that has been recorded at the County Clerk's Office

*****There is an additional charge for the ZC Sign (to be posted on the property 14 days prior to hearing date) and the Notice (that is in the local newspaper within 7 days prior to hearing date) this charge will be collected from the Applicant by P & Z Coordinator at a later date.**



KRS 100.213

FINDINGS NECESSARY FOR PROPOSED MAP AMENDMENT

RECONSIDERATION

Before any map amendment is granted, the Planning Commission or the legislative body must find that the map amendment is in agreement with the adopted Comprehensive Plan, or, in the absence of such a finding, that one or more of the following apply and such finding shall be recorded in the minutes and records of the Planning Commission or legislative body:

- (1) That the existing zoning classification given to the property is inappropriate and that the proposed zoning classification is appropriate; and
- (2) That there have been major changes of an economic, physical or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of such area.

NOTE: *THE PLANNING COMMISSION OR LEGISLATIVE BODY MAY ADOPT PROVISIONS WHICH PROHIBIT, FOR A PERIOD OF TWO (2) YEARS, THE RECONSIDERATION OF A DENIED MAP AMENDMENT FOR THE CONSIDERATION OF A MAP AMENDMENT IDENTICAL TO A DENIED MAP AMENDMENT.*

(The property owner or the representative thereof must be aware of and oftentimes reminded that either #1 or #2 above must be referenced as the reason for the zone change request in the presentation to the Planning & Zoning Commission.)



APPLICATION FOR ZONING AMENDMENT/DEVELOPMENT PLAN APPROVAL
to the
CITY OF SOMERSET PLANNING & ZONING COMMISSION

APPLICATION NUMBER: ZC 2021-

THE UNDERSIGNED OWNER(S) OF THE FOLLOWING LEGALLY DESCRIBED PROPERTY REQUESTS THE CONSIDERATION OF CHANGE IN ZONING CLASSIFICATION/APPROVAL OF DEVELOPMENT PLAN AS SPECIFIED BELOW:

- 1. NAME OF OWNER (APPLICANT):
2. MAILING ADDRESS:
3. PHONE NUMBERS: HOME: BUSINESS:
4. LOCATION DESCRIPTION:
5. EXISTING USE: CURRENT ZONE CLASSIFICATION:
6. PROPOSED USE: PROPOSED ZONE CLASSIFICATION:

SUPPORT INFORMATION: ATTACH THE FOLLOWING ITEMS TO THE APPLICATION

- A. A VICINITY MAP SHOWING PROPERTY LINES, STREETS AND EXISTING ZONING. MARK THE PROPERTY YOU WISH TO HAVE REZONED WITH THE PROPOSED ZONE CLASSIFICATION
B. COPY OF THE DEED TO THE PARCEL THAT IS REQUESTING TO BE RE-ZONED.
C. COPY OF THE PLAT TO THE PARCEL THAT IS REQUESTING TO BE RE-ZONED.
D. CHECK IN THE AMOUNT OF \$402 MADE PAYABLE TO THE CITY OF SOMERSET

DATE: APPLICANT/OWNER SIGNATURE:

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

DATE FILED: DATE OF NOTICE TO ADJACENT PROPERTY OWNERS:
DATE OF NOTICE TO NEWSPAPER: DATE OF PUBLIC HEARING:
FEE PAID: \$ DECISION OF ZONING COMMISSION: APPROVED DISAPPROVED
IF DENIED, REASON FOR DENIAL:

DATE CITY OF SOMERSET PLANNING & ZONING COMMISSION CHAIRMAN

FOR OFFICIAL USE ONLY - LEGISLATIVE AUTHORITY

DATE OF RECOMMENDATION RECEIVED:
ACTION BY LEGISLATIVE AUTHORITY: APPROVED: DENIED:
DATE OF 1ST READING: DATE OF 2ND READING:

DATE SIGNED CLERK SIGNATURE MAYOR SIGNATURE

NOTE: THIS FORM AND THE SUPPORTING INFORMATION MUST BE FILED WITH THE SOMERSET PLANNING COMMISSION. THE APPLICATION MUST BE RETURNED TO THE OFFICE OF P & Z (LOCATED ON 2ND FLOOR OF THE SOMERSET ENERGY CENTER) FOUR (4) WEEKS PRIOR TO THE MEETING DATE.