



DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION

Alan Keck
Mayor

Planning & Zoning Commission

306 East Mount Vernon Street
P.O. Box 989

Somerset, KY 42502

Phone: (606) 425-5312

Fax: (606) 677-0688

www.cityofsomerset.com

Mark Vaught
Chairman

Reggie Chaney
City Engineer

Kim Vaught
Zoning Official

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 2026-**_____

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.**



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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.)



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APPLICATION FOR ZONING AMENDMENT
to the
CITY OF SOMERSET PLANNING & ZONING COMMISSION

APPLICATION NUMBER: **ZC 2026-**_____

THE UNDERSIGNED OWNER(S) OF THE FOLLOWING LEGALLY DESCRIBED PROPERTY REQUESTS THE CONSIDERATION OF CHANGE IN ZONING CLASSIFICATION 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

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.