



# Zoning Review, Conditional Use Permit, Request for Variance or Waiver

Campbell County Planning, Zoning and Building Inspection  
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[www.campbellcountky.gov](http://www.campbellcountky.gov)

1. Project Located In:  
☐ Unincorporated Campbell County:  

<input type="checkbox"/> Bellevue	<input type="checkbox"/> Dayton	<input type="checkbox"/> Southgate
<input type="checkbox"/> Cold Spring	<input type="checkbox"/> Melbourne	<input type="checkbox"/> Woodlawn
<input type="checkbox"/> Crestview	<input type="checkbox"/> Silver Grove	
2. Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. PIDN: 999-99-\_\_ \_\_ - \_\_ \_\_ \_\_. \_\_ \_\_ Zone: \_\_\_\_\_
4. Applicant: ☐ Property Owner ☐ Other: \_\_\_\_\_  
Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Did you complete a pre-application meeting with Staff? ☐ Yes ☐ No
6. Request for Review:  
Describe Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
☐ Zoning review of a specific property. (Attach information requested.)  
  
☐ Conditional Use Permit: *(Per KRS, uses not listed for the zone cannot be granted)*  
Use Requested: \_\_\_\_\_

☐ Change from one Non-Conforming use to another lesser Non-Conforming use  
Current use: \_\_\_\_\_ Is this use conforming: ☐ Yes ☐ No  
Proposed use: \_\_\_\_\_ Is this use conforming: ☐ Yes ☐ No

☐ Zoning Variance (*Per KRS, density variances cannot be granted*)

☐ Waiver of Subdivision Regulations

7. Supporting Information for Conditional Uses, Changes for Non-Conforming Uses, Variances or Waivers. Each applicant shall submit a statement in their own words to reflecting the following: (*attach additional sheets if needed*)

- A. That the proposed use at this location is necessary or desirable to provide a service or facility that will contribute to the general well-being of the neighborhood or community.
- B. That the proposed use will NOT be detrimental to the health, safety or overall welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.
- C. That such use will comply with any regulations in the Zoning Ordinance and Subdivision Regulations for such use.

Variance and Waiver request must also submit a statement in their own words to reflecting the following:

- D. That the requested variance/waiver arises from special existing circumstance, which does not generally apply to land in the general vicinity.
- E. That the manner in which the application of the provisions of the Zoning Ordinance would deprive the applicant of a reasonable use of the land, or would create unnecessary hardship for the applicant,

- or -

That the circumstance is the result of actions taken following the adoption of the zoning regulation from which relief is sought.

- F. That the variance will not allow unreasonable conditions of the requirements of zoning regulations and will not alter the essential character of the neighborhood.
- G. That granting the waiver/variance will not confer on the applicant any special privilege that is not conferred by this ordinance to other land, structures or buildings in the same zone.

8. Acknowledgement:

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Planning Commission, Board of Adjustment and/or their authorized agent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Attachments: *Digital submittals accepted at pzadmin@campbellcountky.gov*

- ☐ Two copies of the draft plans and all supporting plans
- ☐ Two copies of the revised plans upon approval
- ☐ Fees

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

PZ -

Fees Recd.

\$\_\_\_\_\_ Waiver  
\$\_\_\_\_\_ Variance  
\$\_\_\_\_\_ Conditional Use  
\$\_\_\_\_\_ Non-Conforming  
\$\_\_\_\_\_ Appeal  
\$\_\_\_\_\_ Other  
\$\_\_\_\_\_ Total

Date Recd. \_\_\_\_\_

- ☐ Credit Card
- ☐ Cash
- ☐ Check (#) \_\_\_\_\_