



Request for Zone Change

Campbell County & Municipal Planning & Zoning Commission
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868
Email: pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:

| | | |
|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> 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-__ __-__ __ __. __ __

4. Applicant: Property Owner Other: _____
 Contact: _____ Representing: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

5. Request for Review:
 Acreage under Review: _____
 Current Zone: _____ Current use of property: _____
 Proposed Zone: _____ Proposed use of property: _____
 Stage 1 Plans for the proposed use are included with this application
 Describe need for Zone Change: _____

6. ACKNOWLEDGEMENT:

I hereby certify that I am requesting this zone change on behalf of all owners of this property. I acknowledge that in addition to action by the planning commission, zone map changes must also be approved by the local government body. All fees are due at the time of application and are not refundable, regardless of the decision of the planning commission or local government.

Applicant Signature

Date

Owner Signature (if different from Applicant)

Date

The following waiver is optional:

Waiver of 60 Day Time Requirement for Final Planning Commission Action

In accordance with the provisions in KRS 100.211, the applicant(s) and property owner(s) or originators above, hereby waive the 60-day time limit for the Campbell County & Municipal Planning and Zoning Commission to take final action on my(our) Zoning Map Amendment and/or Concept Development Plan application. This time limit waiver is considered effective immediately upon receipt by the Campbell County & Municipal Planning and Zoning Commission.

Applicant Signature: _____ Date: _____

Property Owner Signature: _____ Date: _____

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

PZ -

Current Zone: _____

Fees Recd.

\$_____ Plan Rev. Fee

\$_____ Lot/Unit Fee

\$_____ Admin Fee

\$_____ Other

\$_____ Total

Date Recd. _____

Credit Card

Cash

Check (#) _____