

CITY OF ELSMERE, KENTUCKY
APPLICATION FOR BOARD OF ADJUSTMENT HEARING

APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

OWNER OF PROPERTY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PHONE # _____

PROPERTY ADDRESS _____ GROUP # ON DEED _____

EXISTING ZONING _____ AREA OF PARCEL _____

TYPE OF REQUEST _____ VARIANCE _____ CONDITIONAL USE _____ APPEAL _____

REASON FOR REQUEST _____

APPLICANT'S SIGNATURE _____ DATE _____

BOARD OF ADJUSTMENT USE ONLY

DATE RECEIVED _____ PLOT PLAN ATTACHED _____ YES _____ NO _____

DATE ADVERTISED _____ MEETING DATE _____ FEE PAID _____

ACTION TAKEN _____

CHAIRMAN'S SIGNATURE _____ DATE _____

LIST THE NAMES AND ADDRESSES OF ADJACENT PROPERTY OWNERS:

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____
