



Commonwealth of Kentucky  
 City of Oak Grove  
 P.O. Box 250  
 Oak Grove, Kentucky 42262-0250  
 Phone: 270-439-4646 Fax: 270-439-1201



**BZA GENERAL APPLICATION**

Owner(s) Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The owner or his agent has  has not  submitted an application regarding this subject within the past year.

Location of Property: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

**TYPE OF APPLICATION:**

Conditional Use	X
Variance: Dimensional _____ Group _____ Housing _____ Subdivision _____	

## CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the authorization herein.

Name (Please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

owner                       agent of owner

lessee                       agent of lessee

other (specify): \_\_\_\_\_

**\*LESSEE OR AGENT OF LESSEE MUST HAVE EXPRESSED WRITTEN CONSENT OF OWNER TO PROCEED WITH APPLICATION\***

Person to be contacted regarding matters pertaining to this application if other than myself:

Name (Please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## AUTHORIZATION

Names and signatures of all persons having an interest in the property whose consent is required (by virtue of such interest) to authorize filing of application.

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Owner  
Address: \_\_\_\_\_  Lessee  
Phone: \_\_\_\_\_ Signature \_\_\_\_\_

All signatures represent they have full legal capacity to and hereby do, authorize the filing of this application.

**AFFIDAVIT OF COMPLIANCE WITH KRS 100.237 SUBSECTION 6**

Under the provisions of KRS 100.237 (6), I the undersigned developer do affirm that the foregoing constitutes the names and addresses of all adjoining property owners to the property which I propose for a variance or conditional use. I further certify that I have verified the foregoing names and addresses with the records maintained by the Property Valuation Administrator of Christian County.

Name

Address

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
*Applicant*

**ATTEST:**

The foregoing Affidavit of Compliance with KRS 100.237(6) was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

\_\_\_\_\_  
*Notary Public*