



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