

I	INTERPRETATION
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Board of Zoning Adjustment

Application No. _____

Clear description of the type of Interpretation requested.

What will be the likely effect if this petition is granted? The decision of the BZA will establish the guidelines for the future enforcement of the above referenced sections of the Hopkinsville Zoning Ordinance.

DATE _____

FEE _____

Applicant's Signature

Board's Opinion:

**HOPKINSVILLE-CHRISTIAN COUNTY PLANNING COMMISSION
APPLICATION FORM**

Application No. _____

GENERAL DATA

Applicant's Name: _____
(Property Owner or Agent)

Applicant's Address _____

Applicant's Phone _____

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

Location of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Property Size: _____

TYPE OF APPLICATION

CU	CONDITIONAL USE			PR	PLAN REVIEW	
R	REZONING			FH	FLOOD HAZARD	
I	INTERPRETATION			CP	COMPREHENSIVE PLAN AMENDMENT	
ST	STREET Dedication ----- Closure ----- Change -----			V	VARIANCE Dimensional ----- Group Housing ----- Subdivision -----	
S	SUBDIVISION Preliminary ----- Final -----					

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.

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

	<u>Capacity</u>	
Name (Please Print) _____ _____	Owner _____	Lessee _____
Address _____ _____	Signature	

(All signatures represent that they have full legal capacity to, and hereby do, authorize the filling of this application.)

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) _____

Address _____

Telephone Number _____

_____ owner

_____ agent of owner

_____ lessee

_____ agent of lessee

_____ other (specify)

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

Name _____

Telephone Number _____

OFFICE USE:

Date Received _____

Compatible with Comprehensive Plan _____

Public Hearing Date _____

Planning Commission Action _____

Board of Zoning Adjustment Action _____

Council Action:

1st Reading _____

2nd Reading _____

