

Application for SPECIAL USE under the regulations of the Woodford County Zoning Ordinance

DATE _____

CASE # _____

Applicant

Owner

(IF DIFFERENT THAN APPLICANT)

A. Name: _____

B. Name: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

Zip: _____ Phone: _____

Zip: _____ Phone: _____

e-mail: _____

e-mail: _____

Printed name _____

Printed Name _____

Signature _____

Signature _____

C. Legal description of property must be attached.

D. Zoning District in which property is located _____

E. What type of Special Use is desired? _____

F. Section of the Ordinance allowing Special Use _____

G. Attach documentation verifying that the proposed use meets all criteria described for granting a Special Use in the District where the use is requested.

H. Additional information may be requested on a case by case basis.

I. Attach a site plan containing a minimum of the following:

1. Scaled drawing.
2. Title block showing owner, developer, engineer and date of drawing.
3. All property lines and structures existing and proposed.
4. Utility easements and sewer and water systems, existing and proposed.
5. Drainage, existing and proposed.
6. Erosion and storm water control plan.
7. All setbacks, yards, and buffer strips as required for the type of Special Use requested.
8. Additional information may be required on a case by case basis.

(OVER)

J. That all Special Use requests which require sewage disposal be accompanied by results of at tests that must be taken according to the rules and regulations specified by the County and/or State Health Department. Borings must be taken in an area where the septic system is proposed to be located.

Township: _____

Permanent Parcel No. _____ Acreage _____

Present Use _____

Has a previous Special Use been requested for this property? _____

Attach a narrative, detailing how your application conforms to the following:

“The Zoning Board of Appeals shall make a finding that the granting of the Special Use:”

- A. Will not be detrimental to the public health, safety, and welfare;
- B. Will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purpose already permitted. The applicant need not demonstrate complete compatibility, but the applicant shall demonstrate reasonable efforts to minimize incompatibility;
- C. Will not be injurious to the district in which it shall be located;
- D. Will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the districts;
- E. That adequate utilities, access roads, drainage and/or other necessary facilities have been or are being provided;
- F. That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public roads;
- G. Is consistent with the Woodford County Comprehensive Long Range Plan.

I (we) certify that this proposed Special Use will conform to the standards for Special Uses in the Woodford County Zoning Ordinance, and that all of the above statements and the information contained in any attachments, documents or plans submitted herewith are true to the best of my (our) knowledge and belief.

Applicant Signature _____ Date _____

Unless otherwise provided, I understand commencement of the special use must begin within 90 days of approval or such grant shall expire.

FOR OFFICIAL USE ONLY

FILING FEE \$ _____

RECEIPT # _____

PUBLICATION COST \$ _____

RECEIPT # _____

HEARING DATE _____

DECISION DATE _____