

# Conditional Use Permit Application

*For Office Use Only:*

Docket #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

Filing Fees: \$ \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**Triple S Board of Adjustments and Appeals**  
 419 Washington Street  
 Shelbyville, Kentucky 40065  
 Telephone: (502) 633-1718  
 www.shelbypz.com

**Please type or print (blue or black ink)**

**Application Date:** \_\_\_\_\_

**Instructions**

Applicant must be all owner(s) of the property. Spouse and/or any other parties with legal or equitable interest must join in this application. Use additional sheets, if necessary.

If Applicant/Owner is different than the Developer, provide the Developer's name, address, telephone, and email address.

If an attorney represents the applicant, please provide the attorney's name, address, telephone and email address.

**Applicant Information**

Additional pages attached

**Applicant/Owner name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Co-Applicant/Developer Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Attorney:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Instructions**

If an actual street address is not available, identify the property's location along the roadway and distance to intersecting public roadways on each side of the property.

Check appropriate jurisdiction where the property is located.

Describe the property's current zoning classification and how the property is presently used.

**Property Information**

Street Address: \_\_\_\_\_

Lot#/Subdivision Name (if applicable): \_\_\_\_\_

Property Location:

The subject property is located on the  north  south  east  west side of \_\_\_\_\_ and approximately \_\_\_\_\_  feet  miles

north  east  south  west of \_\_\_\_\_

and approximately \_\_\_\_\_  feet  miles  north  south  east

west of \_\_\_\_\_

Jurisdiction:  Shelbyville  Simpsonville  Shelby County

Parcel: \_\_\_\_\_ Deed Book/Page #: \_\_\_\_\_ PVA #: \_\_\_\_\_

Existing Zoning: \_\_\_\_\_

Existing Use: \_\_\_\_\_

Instructions	Conditional Use Description
<p>Describe the proposed Conditional Use to be conducted and address the guidelines of the Comprehensive Plan and Zoning Regulations. Specify the use, size, scope, and hours of operation, maximum occupancy, parking, signage, if applicable, Use additional sheets, if necessary.</p> <p>Specify the Zoning Regulation provision requiring a Conditional Use Permit.</p> <p>If yes, specify action type (zone change, conditional use permit, variance, or appeal).</p> <p>Application number, and date.</p>	<p>Provide a detailed description of the proposed conditional use to be conducted. State the reasons for locating the proposed use at the specific location and identify the need for and the benefits of the proposed use to the community or neighborhood.</p> <p style="text-align: right;"><input type="checkbox"/> Additional Pages attached</p> <p>Provision of Zoning Regulation requiring a Conditional Use Permit: Section: _____</p> <p>Has this property been subject of previous action by the Board of Adjustments and Appeals or the Triple S Planning Commission?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Action Type: _____ Docket #: _____ Date: _____</p>

Instructions	Conditional Use Permit Justification
<p>The Board of Adjustment may approve, modify, or deny any application for a conditional use permit. If it approves such permit it may attach necessary limitations, requirements that one (1) or more things be done before the request can initiated, or conditions of continuing nature (KRS 100.237(1)).</p> <p>Conditional use permits must meet the mandatory requirements set in Sections 430 &amp; 435 of the Zoning Regulations and any and all requirements listed for the conditional uses permitted in each specific zone.</p> <p>Discuss how the proposed use is suitable and will be properly integrated into the community.</p>	<p>Provide written justification for the conditional use (use additional pages, if necessary):</p> <p>1. Describe how the proposed conditional use will blend with the surrounding uses and state the reasons why the proposed use is not a detriment to the area.</p>



**Required Supporting Documentation**

**The Following supporting documentation and fees must be submitted with the completed and signed application:**

- 1. Two (2) copies no larger than 24''x 36'' and two (2) copies no larger than 11''x 17'' of a Development Plan drawn by a land surveyor or engineer noting placement of the structure, location of road, parking spaces, loading spaces, utility easements, drainage, landscaping and any other pertinent information.
- 2. A copy of the deed.
- 3. Print out of all names and mailing address for all adjoining property owners within, contiguous to, and directly across the street. Adjacent property information shall be obtained from the PVA office.
- 4. Approval for entrance from the appropriate agency.
- 5. Approval for sewage disposal.
- 6. Conditional Use Permit filing fee, payable to the Triple S Board of Adjustments and Appeals (nonrefundable).

**Applicant/Owner Certification**

I do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I further certify that I am the owner of the property for which the conditional use permit application is filed or that I have the authority to file this application based on properly executed with the owner of this property. I further hereby certify that as owner of this property proposed for the conditional use, I am aware of the development plan submitted as part of the application and aware of the conditional use permit hearing process under the Zoning Regulations and KRS 100. I further hereby certify that I agree that the filing of this application constitutes an agreement with all owners and other parties having an interest in the subject property, their heirs, successors, and assigns, to comply with the conditions imposed by the Triple S Board of Adjustments and Appeals and the Zoning Regulations for Shelby County.

*These signatures constitute all owners of the subject property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.*

Additional pages attached.

Signatures of Applicant & Owners:

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Date Application Received : \_\_\_\_\_ Received by: \_\_\_\_\_

Filing Fee Paid: \$ \_\_\_\_\_  Check #: \_\_\_\_\_  Cash  Other (specify): \_\_\_\_\_

Notice to Newspaper (Date): \_\_\_\_\_ Adjacent Mailings (Date): \_\_\_\_\_

Public Hearing (Date) \_\_\_\_\_ BOAA Meeting (Date): \_\_\_\_\_

BOAA Decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_