



## BOARD OF ADJUSTMENT APPLICATION

**City of Covington** 638 Madison Avenue Covington, KY 41011  
 P (859) 292-2135 F (859) 292-2339 www.covingtonky.gov

<b>Request</b>	<input type="checkbox"/> Conditional Use (Use must be listed in Use Table in Section 2.02.05 or Section 3.03.05)	<input type="checkbox"/> Variance	<input type="checkbox"/> Appeal	<input type="checkbox"/> Change from one nonconforming use to another
<b>Property Address</b>	Street Address	Covington, KY		Zip Code
<b>Property Identification Number (PIDN)</b>			<b>Zoning Classification</b>	

	Applicant	Property Owner
Contact		
Company		
Address		
City		
State		
Zip Code		
Phone #		
Fax #		
Cell #		
Email		

1. **Detailed** Description of Reason for Request(s) \_\_\_\_\_

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2. Proposed Use(s) on Site (Be Specific) \_\_\_\_\_

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No work shall be started until proper permits have been issued. Fees, apart from the sign fee, are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate and the burden of proof of its correctness and accuracy is the responsibility of the applicant. The applicant is responsible for meeting all requirements of the National Electric Code and/or the Kentucky Building Code and/or the Covington Zoning Code and/or the Covington Historic Design Guidelines.

**I HEREBY CERTIFY** that I understand this application will not be accepted and processed until all the required information has been supplied. I also understand this application may require a site visit/additional research by staff. I hereby certify that I am the owner or Authorized Agent of this building / property and I will comply with all the applicable laws and codes and make the proposed improvement in accordance with the submitted plans and specifications. No applications will be processed without property owner (s) approval/signature.

Property Owner (s) (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner (s) (Please print): \_\_\_\_\_

Authorized Agent (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent (Please print): \_\_\_\_\_

### Submission Requirements

1. One (1) copy of this application.
2. Names and addresses the owner of every parcel of property within one hundred fifty (150) feet in all directions from the property lines for which the conditional-use permit has been requested
3. \$520.00 public hearing fee for all conditional uses and also variance(s) within industrial and commercial zoning districts; \$350.00 for variances within residential zoning districts.  
\$35.00 refundable sign deposit fee (to be returned with sign after the meeting).
4. A site plan pursuant to Section 12.10.02 C of the Zoning Code.
  - Location of all existing and proposed easements
  - Identification of any street adjacent to the property
  - Proposed or existing septic tank, leach field or other septic system shall be shown to scale
  - Property lines with bearing and dimensions
  - Location of existing and proposed building(s) and used along with the distance from the existing and proposed building to the front and/or right of way lines, side and rear lines
  - Location of driveway, sidewalks, and other off street parking areas as well as type of surfacing used
  - Provisions for erosion control, hillside slippage and sedimentation, indicating the temporary and permanent control practices and measures which will be implemented during all phases of clearing, grading and construction
  - Water drainage and grading lines
  - The existing and proposed topography, shown by contours with intervals not to exceed five feet. The City of Covington can produce a topography map for you. The applicant must then place (draw) the proposed structure on the topography map

### CONDITIONAL USE PERMITS

The applicant shall submit and/or present **factual** evidence demonstrating:

- A. that the proposed use at the particular location is/is not convenient for the public or desirable to provide a service or facility that will contribute to the general well-being of the neighborhood or the community; and
- B. that such use will/will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.

### VARIANCES

The applicant shall submit and/or present **factual** evidence demonstrating:

- A. that the granting of the variance will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard or a nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the zoning regulations
- B. the requested variance arises from special circumstances that do not generally apply to land in the general vicinity, or in the same zone;
- C. the strict application of the provisions of the regulation would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and
- D. the circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning regulation from which relief is sought.

**APPEAL**

An appeal may be filed, in writing, by any person or entity or his/her authorized agent claiming to be injuriously affected by an official action, order, requirement, interpretation, grant, refusal, or decision of any official charged with enforcing the zoning ordinance.

**CHANGE FROM ONE NONCOMFORMING USE TO ANOTHER**

Pursuant to 14.05.03 The Board of Adjustment is authorized to permit a change from one nonconforming use to another if the new nonconforming use is in the same or a more restrictive zoning classification as the previous nonconforming use

The applicant shall submit and/or present **factual** evidence demonstrating:

- A. that the proposed use at the particular location is/is not convenient for the public or desirable to provide a service or facility that will contribute to the general well-being of the neighborhood or the community; and
- B. that such use will/will not be detrimental to the health, safety, or general welfare of persons residing or working in the vicinity, or injurious to property or improvements in the vicinity.

<b>OFFICE USE ONLY</b>		
<b>Application/Permit #:</b>	<b>Date Received:</b>	<b>All required documentation submitted</b> <input type="checkbox"/>
Proof of Payment from Finance <input type="checkbox"/>		
<b>BOA Meeting Date:</b>		
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved with Conditions	<input type="checkbox"/> Denial
Conditions for Approval: _____		

Signature of Administrative Official: \_\_\_\_\_