

APPLICATION FOR ZONE CHANGE

CITY OF MADISONVILLE

PO Box 705, 67 N Main Street
Madisonville, KY 42431
Phone: (270) 824-2108 Fax: (270) 824-2168

<u>Property Owner</u>
Name _____
Address _____ _____
Phone # _____
Email Address _____

<u>Authorized Agent – If Applicable</u>
Name _____
Address _____ _____
Phone # _____
Email Address _____

Subject Property Location _____

- 1. A generalized drawing of the area must accompany this application.**
- 2. A legal description of property(s) under consideration must be attached.**
- 3. Application must be filled at least three (3) weeks before the scheduled hearing typically held on the 4th Thursday of the month.**

Lot Size/Area _____ PVA Parcel No _____

Present Zoning _____ Requested Zoning _____

Current Land Use _____

Proposed Land Use _____

Written justification to why existing Zoning Classification of the property in question is inappropriate or improper.

What major changes, if any, have occurred in the vicinity of the property in question which would make the proposed amendment appropriate?

A separate sheet must be attached to this application listing the names and addresses of all abutting property. This information is available from the Hopkins County Property Valuation Office in the Courthouse Annex located at 25 East Center Street, Madisonville, Kentucky, 42431.

I do hereby agree 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.

Signature of Property Owner

Signature of Authorized Agent

For Official Use Only

App No. _____ Date App Filed _____ \$250 Fee Paid _____ Meeting Date _____