

**CITY OF MADISONVILLE
CONDITIONAL USE PERMIT APPLICATION**

P.O. BOX 705, 67 North Main Street
Madisonville, KY 42431

Application No. _____ Date _____

Applicant's Name _____ Phone No. _____
Address _____

Owner's Name _____ Phone No. _____
Address _____

Subject Property's Location _____

1. A generalized drawing of the area, including existing & proposed buildings and parking arrangement, must accompany this application
2. A copy of the aerial PVA map depicting subject property must be provided.
3. A legal description of the property(s) under consideration must be attached.

Present Zoning _____ PVA (Property Valuation Administrator) Parcel No. _____

Describe the request being made and the reason the request is needed.

A separate sheet must be attached to this application listing the names and addresses of all abutting property owners and those immediately across the road. This information may be obtained from the Hopkins County Property Valuation Office located in the Courthouse Annex at 25 East Center Street.

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.

Date _____ Signed _____

(A fee of \$100 must accompany conditional use permit application. Check to be made payable to the City of Madisonville)

FOR OFFICIAL USE ONLY

PERMIT FEE _____ DATE PAID _____ RECEIVED BY _____

DATE OF PUBLIC HEARING _____ ACTION _____

Direct all correspondence to: Debbie Todd, Zoning Administrator
City of Madisonville
67 North Main Street
Madisonville, KY 42431
Phone: (270) 824-2108
Fax: (270) 824-2168
Email: dtodd@madisonvillegov.com