

Review No. _____

CONDITIONAL USE PERMIT APPLICATION

BOARD OF ADJUSTMENTS
Joint City-County Planning Commission of Barren County, Kentucky
126 East Public Square – City Hall
Glasgow, KY 42141
(270) 659-0661

The following Items are to be submitted along with this application:

- Board of Adjustment Application

PART I: (to be completed by applicant)

1. Applicant Information _____

Address _____

City _____ State / Zip _____ Phone _____

2. What type of conditional use will be conducted? _____

3. Will any persons, other than members of the family residing on the premises, be engaged in the conditional use operation?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, how many?
----	--------------------------	-----	--------------------------	-------------------

4. Where will the conditional use be conducted? _____

5. Will any merchandise or commodities be sold on the premises in connection with the conditional use?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
----	--------------------------	-----	--------------------------

(If yes, describe) _____

6. Will the conditional use change the exterior appearance of the building or premises by reason of sight, sound, odors, or vibrations discernible from abutting properties?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
----	--------------------------	-----	--------------------------

(If yes, describe) _____

7. Briefly describe the activities and process necessary to conduct the conditional use (bookkeeping, deliveries, storage, etc.) _____

8. Briefly describe the traffic that will be generated by the conditional use: _____

9. Will any equipment be utilized with the conditional use?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
----	--------------------------	-----	--------------------------

(If yes, describe) _____

Note: An Occupational License may be required from the appropriate jurisdictional office. Addresses of adjoining property owners must be submitted with application.

I (We) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Applicant(s) Signature Date

OFFICE USE ONLY

PART II: (to be completed by the commission staff)

1. Date Application Received _____

2. Scheduled Public Hearing Date

Month	Day	Year	Time
-------	-----	------	------

3. Action Taken: _____

4. Conditions of Approval: _____

