

Review No. _____

CONDITIONAL USE PERMIT APPLICATION

BOARD OF ADJUSTMENTS
Joint City-County Planning Commission of Barren County, Kentucky
200 S. Green St., Suite 201 (2nd Floor)
Glasgow, KY 42141
Barren County Development Center Building
(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 _____

Email _____

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 Yes 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"/>
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(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"/>
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(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"/>
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(If yes, describe) _____

PART II: (Manufactured Homes or Non-Traditional Structures)

Name of Subdivision or Development _____

Location of Subdivision or Development _____

Lot Number(s) _____

Deed Book _____ Page Number _____

Plat Book _____ Page Number _____

Total Acreage _____ Current Zoning _____

1. What is the manufactured date of the structure? _____
2. Does the manufactured structure have a KIBS number or B1/CI seal? _____
3. Has there been a manufactured home or non-traditional structure on the property prior? _____
4. What are the dimensions of the manufactured structure? _____
5. What type of skirting will the manufactured structure have? _____

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 III: (to be completed by the commission staff)

1. Date Application Received _____

2. Scheduled Public Hearing Date

Month	Day	Year	Time
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3. Action Taken: _____

4. Conditions of Approval: _____

