

# City of Elkton

PO Box 578 • Elkton, Kentucky 42220 • Ph (270) 265-9877 • Fax (270) 265-5816  
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## Request for Conditional Use Permit Application

**Property Owner Information:** Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Applicant Information:** Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

(Needed if Not Owner)

Mailing Address: \_\_\_\_\_

**Property Physical Address:** \_\_\_\_\_ **Property Zoning Code:** \_\_\_\_\_

1. **Describe in detail the proposed Conditional Use** (Ex. Operating a school or church in a residential area. Also include hours of operation, number employees, estimated traffic, if any, etc.) Attach additional sheet if necessary.

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2. **Adjoining Property Owners:** Indicate below all adjoining property owners, including across all streets, alleys or public right-of-ways. Records maintained at the Todd County Property Valuation Administrator's office should be used to conclusively determine the identity and address of the owner(s). By turning in a completed application and list of adjoining property owners, you are certifying that the list is complete and accurate. (Attach additional sheet if necessary.)

Property Owner Name	Physical Address	Mailing Address

(As required by state law, the City must mail a notice of the public hearing to all adjoining property owners at least fourteen (14) days in advance of the scheduled public hearing. Also, a notice of the public hearing must be published in the local paper no less than 7 nor more than 21 days from the date of the hearing.)

3. **Fee:** A Request for a Conditional Use Permit requires a public hearing before the Board of Adjustment and requires a fee of \$100.00. This fee is to help offset publication and notification costs. Make check payable to “City of Elkton.”

**Upon review and completion of your application, the City will schedule a hearing and special meeting of the Elkton Board of Adjustment. You, or someone representing you will be required to attend the hearing and special meeting. You will be notified by mail of the date, time and place of the hearing.**

**Please be advised that if the Conditional Use Permit is approved, the Board of Adjustment may attach certain conditions to the approval which it feels is necessary to preserve and protect the character of the district in which the proposed use would be located. Also, a Certificate of Land Use Restriction must be filed in the Todd County Clerk’s Office.**

Property Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Both signatures are required if the person other than the property owner is making the request. Property owner’s signature signifies approval of the request.

**Official Use Only**

Date Application Received: \_\_\_\_\_

Returned for Modifications, if any: \_\_\_\_\_ Date Application Completed: \_\_\_\_\_

Date, Time, and Location of Public Hearing and Special Meeting: \_\_\_\_\_

Date Scheduled for Publication: \_\_\_\_\_ Publication Name: \_\_\_\_\_

Date Notice Mailed to Owner, Applicant, and Adjoining Owners: \_\_\_\_\_

\_\_\_\_\_  
Secretary or Clerk Signature