

City of Elkton, Kentucky

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Request for Dimensional Variance Application

Property Owner Information: Name: _____ Phone No: _____

Mailing Address: _____

Signature: _____ Date: _____

Applicant Information: Name: _____ Phone No: _____

(Needed if Not Owner)

Mailing Address: _____

Signature: _____ Date: _____

Property Physical Address: _____ **Property Zoning Code:** _____

1. **Statement from you describing why the variance is needed and why there are no other options to the proposed construction.** (Attach additional sheet if necessary.) _____

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

(A notice of the public hearing will be mailed to all adjoining property owners at least seven (7) days in advance of the scheduled public hearing. Also, a notice of the public hearing will be published in the local newspaper no less than 7 nor more than 21 days from the date of the public hearing.)

3. **Fee:** A Request for Dimensional Variance requires a hearing before the Board of Adjustment and requires a fee of \$75.00. This fee is to help offset publication and notification costs. Make payable to "City of Elkton."

The following MUST also be attached to this application:

1. Original zoning permit application.
2. Statement of "Zoning Permit Denial" from Zoning Administrator.

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 answer any questions the Board may have. You will be notified by mail of the date, time and place of the hearing.

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