



City of Frankfort
 PLANNING & BUILDING CODES
 DEPARTMENT
 P.O. Box 697
 Frankfort, KY 40602
 Phone: (502) 352-2094 Fax: (502) 875-3579
 www.frankfort-ky.gov

OFFICE USE ONLY

Received: ____________
 Payment Amt: \$_____
 VAR No: _____
 Meeting: _____

APPLICATION FOR VARIANCE

Tentative Meeting Date: _____ **Filing Deadline:** _____

The undersigned owner(s) of the following described property hereby request the consideration of a variance as specified below:

APPLICANT: _____ check if primary contact

1. Name: _____
2. Company Name: _____
3. Mailing address: _____

4. Daytime Phone: _____ Fax: _____ Email _____

Status of Applicant: owner _____ lessee _____ under contract to purchase _____

OWNER INFORMATION (If different than above) : _____ check if primary contact

1. Name: _____
2. Company Name: _____
3. Mailing address: _____

4. Daytime Phone: _____ Fax: _____ Email _____

SITE INFORMATION

1. General Location of Property: _____
2. Street Address: _____
3. Subdivision Name (if applicable): _____

ZONING INFORMATION

1. Zoning of Property: _____
2. Existing Use of Property: _____
3. Proposed Use of Property: _____
4. Size of Property: _____ Acres -or- _____ Square Ft

APPLICANTS REQUEST

(Describe SPECIFICALLY the nature and purpose of the variance being requested)

SUPPORTING INFORMATION

The following items must be attached to the application as supporting information to this request:

- 1. A vicinity map showing the location of the request.
- 2. Plans drawn to scale showing the dimensions and shape of the lot, the size and locations of existing buildings, the locations and dimensions of the proposed buildings or alterations, and any natural topographic peculiarities of the lot in question.
- 3. Filing Fee \$150 (Checks should be made payable to the Frankfort/Franklin County Planning Commission for Board of Adjustment cases –**OR**- the City of Frankfort for Architectural Review Board cases.)
- 4. Names and mailing addresses of adjacent property owners as listed by the Franklin County Property Valuation Administrator’s Office (502) 875-8780 - on an 8 ½” X 11” piece of paper. This list should include adjacent properties to all sides of the subject property, including across the street).
- 5. Statement by applicant of how the requested variance meets the minimum requirements of KRS 100.243 and section 18.051 of the zoning ordinance below:

1) Before any variance is granted, the Board must make positive findings for all of the following which shall be recorded along with any imposed conditions or restrictions in minutes and records and issued in written form to the applicant to constitute proof of the dimensional variance:

- A. The specific conditions in detail which are unique to the applicant’s land and do not exist on other land in the same zone.*
- B. The manner in which the strict application of the provisions of this zoning regulation would deprive the applicant of a reasonable use of the land in the manner equivalent to the use permitted over landowners in the same zone.*
- C. That the unique conditions and circumstances are not the result of actions of the applicant taken subsequent to the adoption or amendment of this zoning regulation.*
- D. Reasons that the variance will preserve, not harm the public safety and welfare, and will not alter the essential character of the neighborhood and, if within a Floodplain Zone would not increase the flood heights.*
- E. For dimensional variances of lowest floor elevations (including basement) from the regulatory flood elevation in a Flood Fringe District only: The property on which the structure is to be located is an isolated lot of one-half acre or less, contiguous to and surrounded by existing structures constructed below such*

required first floor elevation or a structure listed on the National Register of Historic Places or a State Inventory of Historic Places is to be restored or reconstructed.

2) The board shall deny any request for a variance arising from circumstances that are the result of willful violations of the zoning regulation by the applicant subsequent to the adoption of the zoning regulation from which relief is sought.

I HAVE READ THE INFORMATION IN THIS APPLICATION AND HAVE FILLED IN ALL ANSWERS CORRECTLY TO THE BEST OF MY ABILITY.

Signature of Property Owner(s)

Date

NOTE: One (1) copy of this form and the Supporting Information with all supporting information must be filed with the Frankfort/Franklin County Board of Zoning Adjustment at the City of Frankfort, Department of Planning and Building Codes by the deadline date to be considered for the first available meeting date.