



City of Frankfort  
**PLANNING & COMMUNITY  
 DEVELOPMENT**  
 P.O. Box 697  
 Frankfort, KY 40602  
 Phone: (502) 352-2094 Fax: (502) 875-8502  
 www.frankfort.ky.gov

**OFFICE USE ONLY**

Received: \_\_\_\_\\_\_\_\_\\_\_\_\_

Payment Amt: \$\_\_\_\_\_

AP No. \_\_\_\_\_

Meeting: \_\_\_\_\_

**APPLICATION FOR APPEAL  
 FRANKFORT/FRANKLIN COUNTY BOARD OF ZONING ADJUSTMENT**

Meeting Date: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_

**A. APPLICANT INFORMATION**

check if primary contact

Applicant: \_\_\_\_\_

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

Daytime Phone : \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**B. OWNER INFORMATION (if different than above)**

check if primary contact

Name: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**C. SITE INFORMATION**

General Location of Property: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

**D. ZONING INFORMATION**

Zoning of Property: \_\_\_\_\_

Existing Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Size of Property: \_\_\_\_\_ Acres or \_\_\_\_\_ Square Ft.

**D. SPECIFIC INFORMATION**

Type and date of staff decision appeal is being sought: \_\_\_\_\_

Please describe in general terms, the basis for this appeal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. 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. Statement of how the appeal meets the requirements of K.R.S. 100.261. This section is listed below:

Appeals to the board may be taken by any person, or entity claiming to be injuriously affected or aggrieved by an official action, order, requirement, interpretation, grant, refusal, or decision of any zoning enforcement officer. Such appeal shall be taken within thirty (30) days after the appellant or his agent receives notice of the official by filing with said officer and with the board a notice of appeal specifying the grounds thereof, and giving notice of such appeal to any and all parties of record. Said officer shall forthwith transmit to the board all papers constituting the record upon which the actions appealed from was taken and shall be treated as and be the respondent in such further proceedings. At the public hearing on the appeal held by the board, any interested person may appear and enter his appearance, and all shall be given an opportunity to be heard.

4. A list of adjoining property owners & their mailing addresses.
5. Filing Fee of \$150 (Checks should be made payable to the Frankfort/Franklin County Planning Commission.)

\_\_\_\_\_  
Signature of Property Owner(s)

\_\_\_\_\_  
Date:

NOTE: One(1) copy of this form and the Supporting Information, items 1 through 5, must be filed with the Frankfort/Franklin County Board of Zoning Adjustment at the City of Frankfort, Planning & Community Development within thirty (30) days of receipt of the notice of violation or denial.

**BZA APPEAL**  
**FOR OFFICIAL USE ONLY**

Date Filed: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date of Notice in Newspaper: \_\_\_\_\_

Date of Notice to Adjoining Property Owners: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Board of Zoning Adjustment Recommendation:

Approval

Denial

Minute Book: \_\_\_\_\_ Page # \_\_\_\_\_

Certificate of Land Use Restrictions Filed in County Clerk's Office on: \_\_\_\_\_  
Date