

City of Horse Cave

Randall Curry, Mayor 121 Woodlawn Avenue PO Box 326 Horse Cave, Kentucky 42749

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CONDITIONAL USE PERMIT APPLICATION

The following items are to be submitted along with this application:

- Board of Adjustment Application
- Application fee of \$50 payable to the City of Horse Cave/Bd of Adjustment is required of which no part is refundable to the Applicant

(To be completed by applicant)

| 1. | Date of submittal | |
|----|---|--------|
| 2. | Applicant Information | |
| | Name | |
| | Address | |
| | CityState/Zip | |
| | Day PhoneEvening | |
| 3. | What type of conditional use will be conducted? | |
| | | |
| 4. | Will any persons, other than members of the family residing on the premises, be er in the conditional use operation? Yes No How many | ngaged |
| 5. | Where will the conditional use be conducted? | |
| | | |
| 6. | Will any commodities be sold on the premises in connection with the conditional u | use? |
| 0. | | |
| 7. | Will the conditional use change the exterior appearance of the building or premises | |
| | reason of sight, sound, odors, or vibrations discernible from abutting prorperties? | , s |
| | Yes Describe No | |

| 8. | Briefly describe the activities and press necessary to conduct the conditional use |
|----|--|
| | (bookkeeping, deliveries, storage, etc |
| | |
| 9. | Briefly describe the traffic that will be generated by the conditional use: |
| | |
| | |
| 10 | . Will any equipment be utilized with the conditional use? Yes No (Describe |
| | if yes) |
| | |
| 11 | . Other pertinent information: |
| | |
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| | |

Note: An Occupational License may be required.

FINDINGS NECESSARY FOR GRANTING A REQUEST:

CONDITIONAL USE

The Board of Adjustment may approve, modify or deny any application for a Conditional Use Permit. Listed below are a few of the guidelines the Board of Adjustment follows:

- That it will not adversely affect the health, safety, and welfare of the community
- That it will not alter the essential character of the existing neighborhood
- That the use will not contribute toward an overburdening of municipal services
- That it will not cause traffic, parking, population density or environmental problems
- That the use is in harmony with the intent and purpose of the Zoning Ordinance and Comprehensive Plan

I (WE) do 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 Signature | | | |
|-------------------------|--------------------------------|--------|--|
| Applicant Signature | | | |
| | | | |
| | OFFICE USE ONLY | | |
| | | 1 | |
| | ed Fee Receive h/Day/Year/Time | | |
| Action: Approved | Approved with Conditions | Denied | |
| Conditions of Approval: | | | |
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