

App.: M- _____ Date: _____

**APPLICATION FOR AMENDMENT TO
CITY LAND PROTECTION MAP
CITY OF PRINCETON, KY**

PURPOSE: Per Section 80.851(A) of the City’s Code of Ordinances, the Princeton Planning Commission, the City Council, any other government body, a property owner, or a person having written authorization from the owner of a specific parcel of property may apply for the zoning classification of said parcel or parcels of property to be amended on the City’s official Land Protection Map.

Application is hereby made for an Amendment to the the City Land Protection Map, as follows:

Name: _____

Applicant Address: _____

Phone Number: _____ Email: _____

Applicant is: Planning Commission ____ City Council ____ Property Owner ____

Other Government Body (please provide name) _____

Authorized Representative of Property Owner ____

(If applicant is representing a property owner, please attach a letter or other documentation from owner authorizing applicant to proceed with this application on their behalf).

Please provide a legal description of the property proposed for rezoning (a separate document may be attached): _____

Please provide the street address of the property in question or, if one is not available, the names of two streets on either side of the property which intersect the street on which the property is located:

Current Zoning District of Property: _____ Proposed Zoning District: _____

Current Use of Property: _____

Please explain why you are requesting a zoning map amendment (attach additional sheets if necessary):

Please provide a clear and accurate description of proposed use for property if a map amendment is granted:

When would proposed new use be in operation, if the map amendment is granted?

Please provide the names and addresses of all abutting property owners (including those across the street):

PLEASE CAREFULLY READ THE FOLLOWING: Before recommending to the City Council that an application for amendment to the City Land Protection Map be granted, the Planning Commission must find that the amendment is in agreement with the community's Comprehensive Plan or, in the absence of such a finding, that either:

- (I) The original zoning classification given to the property was inappropriate or improper, and that the proposed classification is proper; or
- (II) That there have been major changes of an economic, physical, or social nature within the area involved which were not anticipated in the Comprehensive Plan adopted by the Planning Commission and which have substantially altered the basic character of the area.

Please provide **detailed** answers to the following questions. Answers may be submitted on an attached sheet if more space is required. Applicants are only required to answer the questions they feel are applicable to their rezoning request.

- (I) Is the proposed map amendment in agreement with the City's Comprehensive Plan? YES ___ NO ___
If NO, please answer one of the two following questions.

- (II) Please explain how the original zoning classification given to the property was inappropriate or improper, and that the proposed classification is proper:

(III) Please describe major changes of an economic, physical, or social nature that have occurred within the area of the property which were not anticipated in the Comprehensive Plan adopted by the Planning Commission and which have substantially altered the basic character of the area:

REQUIRED LOCATION PLAT: Please attach a generalized overview of the property in question, showing its relationship to the surrounding three or four block area.

The above information is, to the best of my knowledge, true and accurate.

Date: _____

By: _____
(Applicant)

This application shall be accompanied by a required application fee of fifty dollars (\$50.00).

Completed applications, required attachments and payment may be mailed or hand-delivered to Princeton City Hall, located at 206 East Market Street, Princeton, Ky 42445.

For Office Use Only

Map Amendment: **Approved** ____ **Alternative** ____ **Denied** ____ _____(Date)

Notification Sent to Applicant: _____(Date) **By:** _____

By _____
Administrative Officer