

Review No. _____

CONDITIONAL USE PERMIT APPLICATION

Board of Adjustments
City of Cave City Barren County, Kentucky
103 Duke St – City Hall
Cave City, KY 42127
270-773-2188

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

- Board of Adjustment Application

PART I: (to be completed by applicant)

1. Applicant Information _____

Address _____

City _____ State / Zip _____ Phone _____

2. What type of conditional use will be conducted? _____

3. Will any persons, other than members of the family residing on the premises, be engaged in the conditional use operation?

| | | | | |
|----|--------------------------|-----|--------------------------|-------------------|
| No | <input type="checkbox"/> | Yes | <input type="checkbox"/> | If yes, how many? |
|----|--------------------------|-----|--------------------------|-------------------|

4. Where will the conditional use be conducted? _____

5. Will any merchandise or commodities be sold on the premises in connection with the conditional use?

No Yes

(If yes, describe) _____

6. Will the conditional use change the exterior appearance of the building or premises by reason of sight, sound, odors, or vibrations discernible from abutting properties?

No Yes

(If yes, describe) _____

7. Briefly describe the activities and process necessary to conduct the conditional use (bookkeeping, deliveries, storage, etc.) _____

8. Briefly describe the traffic that will be generated by the conditional use: _____

9. Will any equipment be utilized with the conditional use?

No Yes

(If yes, describe) _____

Note: An Occupational License may be required from the appropriate jurisdictional office. Addresses of adjoining property owners must be submitted with application.

I (We) do hereby 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(s) Signature Date

OFFICE USE ONLY

PART II: (to be completed by the commission staff)

1. Date Application Received _____

2. Scheduled Public Hearing Date

| | | | |
|-------|-----|------|------|
| Month | Day | Year | Time |
|-------|-----|------|------|

3. Action Taken: _____

4. Conditions of Approval: _____

Fee Schedule

Application Submittal Fees

Board Of Adjustments

| | |
|------------------------------------|-------------|
| Appeal Application | \$ 300.00** |
| Variance Application | \$ 300.00** |
| Conditional Use Permit Application | \$ 350.00* |

Planning Commission

| | |
|--|--|
| Zone Change Application | \$ 500.00* |
| Text Amendment Application | \$ 500.00** |
| Subdivision Regulations Variance Application | \$ 35.00 - 250.00 (See Application Requirements) |
| Improvement Guarantee Change Application | \$ 250.00 |
| Special Called Meeting | \$ 1,800.00 |
| Cellular Antenna Tower Application | \$ 1,500.00***** |
| Agricultural Application for Division of Real Estate | \$ 150.00** |

Plat Review

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|------------------------------|---|
| Conveyance Plat | \$ 50.00 (first lot) + (\$25 each additional lot) |
| Minor Subdivision Plat | \$ 150.00 (first lot) + (\$25 each additional lot)*** |
| Major Subdivision Final Plat | \$ 250.00 (first lot) + (\$25 each additional lot) |

Development Plan Review

| | |
|------------------|-----------------------------|
| Development Plan | \$ 300.00 + (\$ 5 per acre) |
| Inspection Fee | \$ 150.00 |

Miscellaneous Fees

Document and Publication Fees

| | |
|---------------------------------------|----------|
| Comprehensive Plan (Paper Copy) | \$ 30.00 |
| Comprehensive Plan (CD Copy) | \$ 5.00 |
| Barren County Subdivision Regulations | \$ 25.00 |

Review No. _____

ADJACENT PROPERTY OWNERS' NAME & MAILING ADDRESS FORM

This form shall be submitted along with the following applications:

- Board of Adjustments
- Zone Change Applications

The applicant is required to furnish the current names and mailing address of all adjacent property owners. The Commission considers adjacent property any property across roads, streets, interstates, rivers, etc., and any property abutting the subject property. The applicant may rely on the records maintained by the Barren County Property Valuation Administrator (PVA) to determine the identity and address of the adjacent property owners. After submission of the application listed above the Commission will notify each adjacent property owner of the application request within fourteen (14) days of the scheduled public hearing.

Instructions for completing this form:

1. To determine the PVA map code number, the applicant should refer to the PVA property location maps.
2. To determine the name of the adjacent property owner, the location and/or address of the adjacent property, the applicant should refer to the property cards maintained by the PVA office.
3. To determine the mailing address of the adjacent property owner, the applicant should refer to the computer records maintained by the PVA office.

| PVA Map No. | Name of Property Owner | Location of Property | Mailing Address of Property Owner |
|-------------|------------------------|----------------------|-----------------------------------|
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