Variance Application

Trimble County Board of Adjustments
123 Church Street
PO Box 251
Bedford, Kentucky 40006
Telephone: (502) 255-7196 Fax: (502) 255-4618

Please type or print (blue or black ink) **Application Date:** _____

Instructions	Applicant Information (Box 1)
Applicant is property owner requesting variance.	**Applicant**: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Email: _____

Instructions	Variance Description (Box 2)
Describe the requested variance. Specify the use and type of structure (accessory or principle) if applicable. Use additional sheets, if necessary.	Provide a *detailed* description of the requested variance. Use additional sheets, if necessary. _____ _____
Check the type of variance requested.	Type of variance requested: ☐ Front yard setback ☐ Side yard setback (right) ☐ Secondary front yard setback (corner lots only) ☐ Structure height ☐ Rear yard setback ☐ Lot coverage ☐ Side yard setback (left) ☐ Other (Specify) _____
Specify the Zoning Ordinance provision from which variance is sought.	Zoning Ordinance provision from which variance is requested: _____
Specify dimension required by the Zoning Ordinances and the proposed dimension.	Proposed dimension: _____ Required dimension: _____
	Is this variance application based on a refusal or decision by the Administrative Official? ☐ Yes ☐ No
If yes, attach copy of the refusal or decision.	Has this property been subject of previous action by the Board of Adjustments or Trimble County Planning Commission? ☐ Yes ☐ No Action Type : _____ Docket #: _____ Date: _____
If yes, specify action type (zoning map amendment, conditional use permit, variance, or appeal), application number and date.	Is this application in conjunction with Article XII or Article XIII? ☐ Yes ☐ No If yes, complete box 4; if no, complete box 5 Is this application in conjunction with a Zoning Map Amendment? ☐ Yes ☐ No If Yes, ☐ I agree to allow the Planning & Zoning Commission to rule on both the Variance and Zoning Map Amendment. ☐ I **DO NOT** agree to allow the Planning & Zoning Commission to rule on both the Variance and Zoning Map Amendment.

Instructions	Variance Justification (Box 3)
Before any variance is granted the Board of Adjustments must find that the variance **will not** (KRS 100.243): (1) Adversely affect the public health, safety, or welfare; (2) Alter the essential character of the general vicinity; (3) Cause a hazard or nuisance to the public; and, (4) Allow an unreasonable circumvention of the requirements of the Zoning Ordinances.	Provide written justification for the variance (use additional pages, if necessary): ☐ Additional pages attached 1. Describe the reasons that the requested variance will not adversely affect the public health, safety, or welfare, will not alter the essential character of the general vicinity, will not cause a hazard, or nuisance to the public, and will not allow an unreasonable circumvention of the requirements of the Zoning Ordinances.
In making these findings, the Board of Adjustments and Appeals shall consider whether : (1) The requested variance arises from special circumstances which do not generally apply to land in the general vicinity, or in the same zone; (2) The strict application of the regulations would deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant; and, (3) The circumstances are the result of actions of the applicant taken subsequent to the adoption of the zoning ordinance from which relief is sought. The Board of Adjustment shall deny any request for a variance arising from circumstances that are the result of willful violations of the Zoning Ordinances by the applicant subsequent to the adoption of the Zoning Ordinance from which relief is sought.	2. Identify the circumstances that are special to property which do no generally apply to the Land in the general vicinity or in the same zoning classification. 3. Describe how the strict application of the regulation would deprive you the reasonable use of the property or create an unnecessary hardship. 4. Specify actions that have been taken subsequent to the adoption of the Zoning Ordinances that cause the circumstances for which the variance is sought .

Required Supporting Documentation (Box 4)

The following supporting documentation and fees must be submitted with the completed and signed ap-

☐ 1. Eight (8) copies no larger than 11" x 17" and two (2) copies no larger than 18" x 24" of a Development Plan drawn by a land surveyor or engineer noting placement of the structure, location of road(s), parking spaces, loading spaces, utility lines, easements, drainage, landscaping and any other pertinent information .

☐ 2. A copy of the deed or Property/Map card from the PVA.

☐ 3. Complete listing of all names and mailing address for all adjoining property owners within, contiguous to, and directly across the street. Adjacent property information shall be obtained from the PVA office.

☐ 4. Variance filing fee, non-refundable, payable to the Trimble County Fiscal Court (see Fee Schedule).

**Attach additional photos/information as necessary*

Required Supporting Documentation (Box 5)

The following supporting documentation and fees must be submitted with the completed and signed application:

☐ 1. Complete listing of all names and mailing address for all adjoining property owners within, contiguous to, and directly across the street. Adjacent property information shall be obtained from the PVA office.

☐ 2. Draw a picture that includes the property lines, road frontage, building and setbacks

☐ 3. Variance filing fee, non-refundable, payable to the Trimble County Fiscal Court (see Fee Schedule).

**Attach additional photos/information as necessary*

Applicant/Owner Certification

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. I (We) further certify that I am (we are) the owner(s) of the property for which the variance application is filed or that I (we) have the authority to file this application based on properly executed with the owner of this property. I (We) further hereby certify that as owner(s) of this property proposed for the conditional use, I am (we are) aware of the development plan submitted as part of the application and aware of the variance hearing process under the Zoning Ordinances and KRS 100. I (We) further hereby certify that I (we) agree that the filing of this application constitutes an agreement with all owners and other parties having an interest in the subject property, their heirs, successors, and assigns, to comply with the conditions imposed by the Trimble County Planning Board of Adjustments and the Zoning Ordinances.

These signatures constitute all owners of the subject property necessary to convey fee title, their attorney, or their legally constituted attorney-in-fact. If the signature is of an attorney, then such signature is certification that the attorney represents each and every owner of the affected property.

☐ Additional pages attached.

Signatures of Applicant & Owners:	Title:	Date:
_____	_____	_____
_____	_____	_____

State of Kentucky

County of Trimble

Subscribed and sworn to before me by _____ on this

_____ day of 20_____.

_____

Notary Public, State of Kentucky at Large

My Commission Expires _____

Adjoining Landowner Waiver

We, the undersigned, hereby waive notice, hearing and objection to the above proposed variance and concur in the foregoing statements of the applicant.

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

Signature: _____ Address: _____

For Office Use Only

Date Application Received : _____ Received by: _____

Filing Fee Paid: $ _____ ☐ Check# _____ ☐ Cash ☐ Other (specify): _____

Notice to Newspaper (Date): _____ Adjacent Mailings (Date): _____

Public Hearing (Date) _____ BOA Meeting (Date): _____

BOA Decision: _____

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