

Case Number _____
 Map Number _____
 Date Received _____
 Planning Commission _____
 Hearing Date _____
 Action _____
 City Council _____
 Hearing Date _____
 Action _____

REZONING APPLICATION

CITY OF HIGHLAND HEIGHTS, CAMPBELL COUNTY, COMMONWEALTH OF KENTUCKY

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE ONLY EXCEPT FOR SIGNATURES. APPLICATIONS
MUST BE IN TRIPPLICATE AND COMPLETE AT TIME OF SUBMISSION.

I, (We), the undersigned, request a hearing before the Highland Heights Planning Commission in regard to rezoning the following described property: (If more space is needed, attach an additional sheet of this same size.)

LEGAL DESCRIPTION:

Street Location _____

From Present Zoning of: _____ To: _____ Approximate Area: _____

This Area: PLATTED _____ NAME OF PLAT _____ TO BE PLATTED _____

(PRELIMINARY-FINAL) SUBMITTED: _____ NAME OF PLAT: _____

FEE OWNERS OF AREA TO BE REZONED:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

CALL: _____ PHONE: _____ WHEN SIGNS ARE READY

"ITEMS SUBMITTED SHEET" ATTACHED HERETO _____

I hereby depose and say under the penalties of perjury that all of the statements, contained in or submitted with this application are true.

OWNER'S OF DULY AUTHORIZED
LEGAL AGENT'S SIGNATURE

CITY OF _____)
COUNTY OF _____)
COMMONWEALTH OF _____)

Subscribed and sworn to before me this ____ day of _____ 20 ____

BY _____
NOTARY PUBLIC

My Commission expires _____

FOR DEPARTMENT USE ONLY:

REFER CASE TO

- 1. _____ Referred: _____
- 2. _____ Referred: _____
- 3. _____ Referred: _____
- 4. _____ Referred: _____

REZONING FEE _____
SIGN DEPOSIT _____
TOTAL AMOUNT _____

NO. OF SIGNS _____

PAID STAMP

Case No. _____
Map No. _____
Date Received _____

ITEMS SUBMITTED SHEET

(TO BE COMPLETED IN TRIPLICATE)

TO BE COMPLETED BY APPLICANT

PRINT OR TYPE EXCEPT FOR SIGNATURES

Items Submitted:

FOR ZONING
ADMINISTRATOR'S
CHECK ONLY

- | | | |
|-----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |
| 11. | _____ | _____ |
| 12. | _____ | _____ |
| 13. | _____ | _____ |
| 14. | _____ | _____ |
| 15. | _____ | _____ |

I (we) hereby acknowledge by signature that all of the above listed items have been submitted with the attached application and understand that the application will not be processed if any of the said items are not with said case.

OWNER'S OR DULY AUTHORIZED
LEGAL AGENT'S SIGNATURE