



City of Highland Heights
Office of the City Clerk/Treasurer
176 Johns Hill Road
Highland Heights, KY 41076
Phone: 859-441-8575
Fax: 859-441-8293

BOARD OF ADJUSTMENT APPLICATION

1. **TO BE COMPLETED BY THE APPLICANT:** (Please Type or Print Clearly) **DATE OF REQUEST:** _____

Name: _____

Address: _____

Phone: _____ Email: _____

I, THE UNDSIGNED, REQUEST A HEARING BEFORE THE BOARD OF ADJUSTMENT IN REGARD TO THE FOLLOWING:

- _____ Conditional Use Permit
- _____ Dimensional Variance
- _____ Change from One Non-Conforming Use to Another
- _____ Appeal of Zoning Administrator's Decision/Interpretation

Description of request being made (indicate appropriate section or subsection of the City's Zoning Ordinance where applicable (<https://hhky.com/zoning-ordinance/>):

Reasons for the request (may be attached):

Legal description (if applicable) may be attached:

If determined necessary by the zoning administrator, is the site plan attached containing the applicable requirements of the City's Zoning Ordinance? _____ Yes _____ No

Street Location: _____

Present Zoning: _____

Have previous application(s) been submitted to the Board of Adjustment that include all or part of the parcel of land? _____ Yes _____ No

If yes, give the application number(s): _____

This area platted _____ or to be platted (preliminary - final)

Owner(s) of said parcel of land:

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Name: _____

Address: _____

Phone: _____ Email: _____

The foregoing information and attachments are true and accurate to the best of my knowledge:

Signature of Applicant: _____ Date: _____

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**TO BE COMPLETED BY THE CLERK/TREASURER OR ZONING ADMINISTRATOR**

Board of Adjustment Fee: \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Signature City Clerk/Treasurer or Zoning Administrator: \_\_\_\_\_

Application Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_