



PLANNING & ZONING APPLICATION

City of Highland Heights

176 Johns Hill Road
Highland Heights, Kentucky 41076

Phone: (859) 441-8575

Fax: (859) 441-8293

www.hhky.com

THREE (3) COPIES OF PLANS ARE REQUIRED

SECTION A (To be completed by applicant)

- 1. Name of Site/Subdivision _____
- 2. Location of Subdivision _____
- 3. Area in Acres _____ Number of Lots _____
- 4. Owner of Property _____
- 5. Address of Property Owner _____

City State Zip

6. Name of Applicant _____

7. Address of Applicant _____

City State Zip

Phone: _____ Email: _____

8. Current Zoning on Property _____

9. Deed Book _____ Page No. _____ Group No. _____

10. Is the site subject to a Conditional Use Permit _____

Variance _____ Zone Change _____: If so, give date _____

11. Are the submitted Plans a revision of a previously submitted Plan? _____

12. SUBMITTAL PURPOSE

- ___ Grading Plan ___ Development Plan ___ Improvement Plan
- ___ Preliminary Plat ___ Final Plat ___ Conveyance/ID Plat
- ___ Cell/Communication Site ___ Rezoning ___ Other _____

ORIGINAL Property Owner's Signature

(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

ORIGINAL Applicant's Signature

(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**CONVEYANCE PLAT
APPLICATION
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SECTION B (To be completed by the Highland Heights Staff)

1. Date Received _____
2. Review Fee _____
3. Number of Copies Received _____
4. Is application complete? _____ Yes _____ No
5. Staff Reviewer _____
6. Staff Recommendation:
_____ Approval
_____ Approved with Conditions (see #10)
_____ Denial (see #11)
7. Staff Reviewer's Signature _____
8. Date of Officer's Signature _____
9. Date Applicant Picks up copies _____
10. Changes as Noted: _____

11. Reasons for Denial: _____
