

Appellant Information

All administrative appeals are made to the Owensboro Metropolitan Board of Adjustment. **Use this form** to appeal allegations of error or claims of grievance regarding zoning administration and/or enforcement actions (itemized at bottom of this page). **Use Form 190N** to propose changes to non-conforming uses and/or structures where authorized by Article 4 of the Zoning Ordinance.

IMPORTANT: Legal counsel has advised that all information and exhibits regarding this appeal shall be attached to this submittal or presented to the Board of Adjustment at the public hearing. Direct individual contact with board members should not occur.

Date received by Planning Office

Subject Property IF SPECIFIC PROPERTY INVOLVED

Street Address

Acreage

Please check one:

- PROPERTY OUTSIDE Whitesville city limits:** Submit **one (1) copy** of all appeal materials. See table at top right for required appeal materials.
- PROPERTY INSIDE Whitesville city limits:** Submit **two (2) copies** of all appeal materials. See table at top right for required appeal materials.

Appellant

Name, Address

Day Telephone

Appeal prepared by

Name, Address

Day Telephone

Description of the Appeal Regarding Zoning Administration / Enforcement Actions

ON AN ATTACHED SHEET, please clearly and accurately describe the allegation of error in an order, requirement, decision, grant, or refusal made by an administrative official in the enforcement of the zoning regulations; and/or the claim to be injuriously affected or aggrieved by an official action, order, requirement, interpretation, grant, refusal, or decision of any zoning enforcement officer.

Appeal Materials to Submit

ITEMS	FORM
Appellant Information	Complete on this sheet
Filing Fee	
Appellant Certification	
Description of the Appeal Regarding Zoning Administration / Enforcement Actions	Attach sheet

Filing Fee based on proposed zone

ZONING CHANGE TO	FEE								
A-R Rural Agriculture MHP Manuf Housing R-1B Single-Family R-1T Townhouse	<table border="1"> <tr> <td>A-U Urban Agriculture</td> <td></td> </tr> <tr> <td>R-1A Single-Family</td> <td></td> </tr> <tr> <td>R-1C Single-Family</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> \$170	A-U Urban Agriculture		R-1A Single-Family		R-1C Single-Family			
A-U Urban Agriculture									
R-1A Single-Family									
R-1C Single-Family									
R-2MF Multi-Family Res R-3MF Multi-Family Res	<table border="1"> <tr> <td>R-4DT Inner-City Res</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> \$270	R-4DT Inner-City Res							
R-4DT Inner-City Res									
P-1 Professional/Service B-2 Central Business B-4 General Business I-1 Light Industrial	<table border="1"> <tr> <td>B-1 Neighborhood Bus</td> <td></td> </tr> <tr> <td>B-3 Highway Business</td> <td></td> </tr> <tr> <td>B-5 Business/Industrial</td> <td></td> </tr> <tr> <td>I-2 Heavy Industrial</td> <td></td> </tr> </table> \$330	B-1 Neighborhood Bus		B-3 Highway Business		B-5 Business/Industrial		I-2 Heavy Industrial	
B-1 Neighborhood Bus									
B-3 Highway Business									
B-5 Business/Industrial									
I-2 Heavy Industrial									
FILING FEE									

Applicant & Owner Certifications

By the Applicant/Owner: I (We) the undersigned applicant and owner, fully understand that approval of this Conditional Use Permit does not allow the applicant/owner to construct, alter, modify, or occupy a building on the subject property. The applicant/owner is responsible for obtaining all approvals as necessary, including plan review, permitting inspections and site plan drainage approval before occupancy of the building will be allowed. Please contact the Building/Electrical Division of the OMPC at 270-687-8650 prior to beginning any work on the subject property for applicable requirements.

Applicant/Owner's Signature	Date
By: _____ Applicant	
By: _____ Owner	

By the Applicant: I do hereby certify that, to the best of my knowledge and belief, all application materials are herewith submitted, and the information they contain is true and correct. I further certify that I accept responsibility for payment of advertising costs relating to this application and fully understand **that the Messenger-Inquirer requires that the OMPC Hearing Notice be paid in full before the notice is published. If the applicant fails to pay for the notice when contacted by the Messenger-Inquirer the item cannot be heard by the OMPC.**

Applicant's Signature	Date
By: _____	

By the Owner/Co-Applicant: I do hereby certify that I am the owner of this property and authorize the submission and consideration of this application and all information herein and attachments hereto.

Owner/Co-Applicant's Signature	Date
By: _____	
(Please type or print name below signature)	

PLEASE TYPE OR PRINT/TYPE TYPE OR PRINT