

## **Georgetown-Scott County Planning Commission**

## **Rezoning Application**

Applicant Name:			
Proiect Name:			
Date Filed:	Required Fee:	Date Fee Pa	id:
Property Infor	mation:		
Address:			
Size of tract:	acres	sa. ft.	
	Available: yes n		, SF res, etc.):
Requested Rezon	<u>ing</u> : From To:		
·			
<u>Project Description</u>	on (type of project, # of units or so	ı. ft., acres):	
All corresponden	ce relating to this application	n should be mailed to:	
Contact Persor	n:		
Phone:		Email:	
Engineer/Reg.	Land Surveyor/Consultant	•	
			I
Phone:		Email:	
Owner(s) Informati	on (Names of all property own	ers involved must be listed be	alow).
Owner(s) imormati	on (Names of all property own	ers involved mast be listed by	ciow).
	Address:		
Name:	Address:	City/State:	Phone:
Name:	Address:		Pnone:
AUTHORIZATION (	OF APPLICATION:		
	I am the authorized applicant o		
	ers of option on same, as listed mplete for the purpose of statut		
_	s	-	
Address (if differe	nt than previously listed):		

Utility Providers: (check all that apply)	Other Reviewers: (to be filled out by Planning staff)			
AT&TGeorgetown Municipal Water & SewerKentucky American WaterKentucky UtilitiesOwen County RECCHarrison County RECC (BG Energy)Columbia GasStamping Ground Water and SewerDelaplain Disposal	<ul> <li>Health Department</li> <li>KYTC District #7</li> <li>Natural Resource Conservation Service</li> <li>City Fire Department</li> <li>County Fire Department</li> <li>City Road Department</li> <li>City Engineer</li> <li>City Police</li> <li>Emergency Management/Homeland Sec.</li> <li>Spectrum</li> <li>Building Inspection</li> </ul>			
Please state the legal justification for the requested zone change (reference the adopted Comprehensive Plan/Land Use Plan, <i>Zoning Ordinance</i> , availability of utilities, etc.):				
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