



Georgetown-Scott County Planning Commission

Rezoning Application

Applicant Name: _____

Project Name: _____

Date Filed: _____ Required Fee: _____ Date Fee Paid: _____

Property Information:

Address: _____

Size of tract: _____ acres _____ sq. ft.

Sanitary Sewer Available: ___ yes ___ no Existing Land Use (Ag., SF res, etc.): _____

Requested Rezoning: From _____ To: _____

Project Description (type of project, # of units or sq. ft., acres): _____

All correspondence relating to this application should be mailed to:

Contact Person: _____

Address: _____

Phone: _____ Fax: _____

Engineer/Reg. Land Surveyor/Consultant: _____

Address: _____

Phone: _____ Fax: _____

Owner(s) Information (Names of all property owners involved must be listed below):

Name: _____ Address: _____ City/State: _____ Phone: _____

Name: _____ Address: _____ City/State: _____ Phone: _____

Name: _____ Address: _____ City/State: _____ Phone: _____

AUTHORIZATION OF APPLICATION:

I hereby certify that I am the authorized applicant or owner, representing ALL property owners involved in this request or holders of option on same, as listed above. I acknowledge that the application will not be administratively complete for the purpose of statutory time limits until certified by planning staff.

Name (print): _____ Signature: _____

Address (if different than previously listed): _____

Utility Providers:
(check all that apply)

<input type="checkbox"/> AT&T
<input type="checkbox"/> Georgetown Municipal Water & Sewer
<input type="checkbox"/> Kentucky American Water
<input type="checkbox"/> Kentucky Utilities
<input type="checkbox"/> Owen County RECC
<input type="checkbox"/> Harrison County RECC (BG Energy)
<input type="checkbox"/> Columbia Gas
<input type="checkbox"/> Stamping Ground Water and Sewer
<input type="checkbox"/> Delaplain Disposal

Other Reviewers:
(to be filled out by Planning staff)

<input type="checkbox"/> Health Department
<input type="checkbox"/> KYTC District #7
<input type="checkbox"/> Natural Resource Conservation Service
<input type="checkbox"/> City Fire Department
<input type="checkbox"/> County Fire Department
<input type="checkbox"/> City Road Department
<input type="checkbox"/> City Engineer
<input type="checkbox"/> City Police
<input type="checkbox"/> Emergency Management/Homeland Sec.
<input type="checkbox"/> Spectrum
<input type="checkbox"/> Building Inspection

Please state the legal justification for the requested zone change (reference the adopted Comprehensive Plan/Land Use Plan, *Zoning Ordinance*, availability of utilities, etc.):
