



Franklin County
Planning, Zoning & Building Codes

321 West Main Street
Frankfort, KY 40601
Phone: (502) 875-8701
www.franklincounty.ky.gov

OFFICE USE ONLY

Application Received: __/__/__
Fee: \$_____
Mtg. Date: __/__/__
Board Action: Approval/Denial

APPLICATION FOR CONDITIONAL USE
BOARD OF ZONING ADJUSTMENTS

Fee - \$150 (made payable to the Frankfort/Franklin County Planning Commission)

Return Completed Applications To:

Department of Planning, Zoning and
Building Codes
321 W. Main St.
Frankfort KY, 40601

For Questions Please Contact:

Tina Peck
(502) 875-8701
tina.peck@franklincounty.ky.gov

Meeting Date: _____ **Filing Deadline:** _____

Property Information

Address or Parcel No.: _____

Zone: _____ Size of Property: _____

Existing Use of Property: _____

Proposed Use of Property: _____

Applicant Information

Name of Applicant: _____

Address: _____

Email Address: _____

Phone: _____

Property Owner (if not applicant):

(If the applicant is not the owner, the applicant must provide a letter of permission from the property owner.)

Name of Owner: _____

Address: _____

Email Address: _____

Phone: _____

Primary Contact (if not applicant) (This may include an attorney, engineer, contractor, etc):

Name: _____

Email Address: _____

Phone: _____

Conditional Use Request: *You may attach additional info as needed

Supporting Information:

The following items must be attached to the application as supporting information:

1. **Site Plan** – The purpose of the site plan is to provide a detailed description of the property and the proposed activity. It should be done at a scale that accurately and legibly shows the following information.
 - a. A vicinity sketch with the property location clearly marked. This sketch should identify major roads and other significant landmarks in the area so that the general location of the property can be quickly recognized.
 - b. The dimensions of all property lines.
 - c. The location, size in square feet, dimensions, and number of stories of existing and proposed buildings, with such buildings clearly marks as either existing or proposed.
 - d. Any screening or landscaping (existing or proposed) that may be relevant to the application, with materials clearly identified (e.g. trees, hedges, shrubs, walls, etc.)
 - e. The location, height, and type of any existing or proposed fencing.
 - f. Location and dimensions of driveways, parking spaces, off-street loading areas, and access points.
 - g. Title block, north arrow, scale, and site statistics
2. **Filing Fee (\$150)** – made payable to the Frankfort-Franklin County Planning Commission
3. **Name and mailing addresses of adjacent property owners** as listed by the Franklin County PVA's Office (502) 875-8780
4. **Justification Statement** – Provide a narrative statement explaining the request and answering the following questions:
 - a. How will your proposed use operate? What types of activities will be conducted?
 - b. How many customers/participants are expected?
 - c. What are your expected days and hours of operations?
 - d. What type of impact will the proposed use have on the surrounding neighborhood? Describe any operational or design provisions that will be used to limit the potential for disturbing the surrounding properties.
5. **Supplemental Information for Short Term Rentals:**
 - a. How many bedrooms and bathrooms are in the unit?
 - b. How many guests do you plan to allow at one time?
 - c. How will guest parking be accommodated?
 - d. How frequently do you expect the unit to be rented?
 - e. Do you have a local emergency contact? Who/how will emergencies and/or other issues be addressed?
 - f. Do you operate other STRs in Franklin County or elsewhere? If so, where/what local addresses?

- g. What type of impact will your proposed STR have on the surrounding neighborhood? Describe any operational or design provisions that will be used to limit the potential for disturbing the surrounding properties. This may include, but is not limited to cameras, noise sensors, supplemental background checks, etc.

6. **Short Term Rental Registration Affidavit** - The applicant agrees to the following requirements in accordance with Section 155.089(27) of the Zoning Ordinance:
- a. The maximum stay for a short-term rental shall be 29 consecutive days for the same occupant.
 - b. The dwelling unit shall be limited to a single short-term rental contract at a time.
 - c. The maximum number of persons residing in a short-term rental unit shall not exceed two times the number of bedrooms plus four individuals.
 - d. No food or alcoholic beverages shall be prepared for or served to the guest by the host.
 - e. Outdoor signage in conjunction with the short-term rental is prohibited.
 - f. If the short-term rental is not the primary residence of the host, they shall provide information on how to be contacted by phone, email, and address. This information shall be provided in a conspicuous location within the short-term rental.
 - g. Each short-term rental shall provide an evacuation plan and provide smoke detectors in compliance with the Kentucky Residential Code.
 - h. Parking for short-term rentals shall be provided in accordance with Article 10 of the Zoning Ordinance.
 - i. All short-term rental hosts must submit an annual registration form to the Department of Planning and Building Codes to ensure that all requirements of the conditional use permit are being met, including smoke detectors, as well as obtain a Franklin County Business License.
 - j. If the short-term rental ceases operations they shall notify the Planning and Building Codes Department in order to keep an up-to-date record of operating short-term rentals within the county.
 - k. The use is subject to all applicable taxes including state and local transient room tax and sales tax.
- ☐ I agree to conditions a-k.
- ☐ I do not agree to conditions a-k.

Applicant Signature:

I hereby certify that I am, or have authority of, the owner or agent to make this application and attest that the information contained herein, including any attachments, are complete and accurate.

Applicant Signature: _____ Date: _____