

# 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 WAIVER/MODIFICATION OF STANDARDS**

## **BOARD OF ZONING ADJUSTMENTS/PLANNING COMMISSION**

### Fee - \$300 (made payable to the Frankfort/Franklin County Planning Commission)

Return Completed Applications To:
Department of Planning, Zoning and

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:	
Applicant Information	
Name of Applicant:	
Address:	
Phone:	
Property Owner (if not applicant):	
Name of Owner:	
Address:	
Email Address:	
Phone:	
Primary Contact (if not applicant) (T	his may include an attorney, engineer, contractor, etc):
Name:	
Phone:	

#### Waiver/Modification of Standards Request:

\*You may attach additional info as needed

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#### **Supporting Information:**

Edited 08/08/2025

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

- 1. <u>Site Plan</u> 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 (\$300) 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. <u>Justification Statement</u> Provide a narrative statement explaining the request and answering the following questions:
  - a. Will granting the waiver be within the general limitations of the Comprehensive Plan, the spirit and intent of the Zoning Ordinance/Subdivision regulations and the public interest, safety and welfare?
  - b. Are there unique conditions or circumstances, such as topographic features, that are not the result of actions of the applicant taken subsequent to the adoption of these regulations?
  - c. How would strict application of the regulations deprive you (the applicant) of a reasonable use of your land, or create an unnecessary hardship upon you? Be advised that economic hardship shall in no case be deemed a reason to grant a waiver of make an adjustment or modification to the regulations of the Zoning Ordinance/Subdivision Regulations
  - d. For Modifications of Standards to requirements of the Subdivision regulations, please show existence of one or more of the following circumstances as further defined in Section 7.10 of the Subdivision regulations: Superior Alternatives, Protection of Significant Features, Deprivation of Reasonable Use, Technical Impracticality, and/or No Relationship to the Development of its Impacts.

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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:			
X:\BZA-PC Originals Forms and Schedules\BZA – VARIANCE APPLICATION				