



APPLICATION FOR ZONE CHANGE

CITY OF MADISONVILLE

PO Box 705, 67 N MAIN STREET, MADISONVILLE, KY 42431
PHONE: (270) 824-2108 FAX: (270) 8254-2168
Email dtodd@madisonvillegov.com

<u>Property Owner</u>	
Name	_____
Address	_____
Phone #	_____
Email	_____

<u>Authorized Agent</u>	
Name	_____
Address	_____
Phone #	_____
Email	_____

Subject Property Location _____

- 1. A generalized drawing of the area must accompany this application.**
- 2. A legal description of property(s) under consideration must be attached.**
- 3. Application must be filed at least (4) four weeks before the scheduled hearing typically held on the 4th Thursday of the month.**

Lot Size_Area _____ PVA Parcel Number _____

Present Zoning _____ Requested Zoning _____

Current Landuse _____

Proposed Landuse _____

Written justification to why existing Zoning Classification of the property in question is inappropriate or improper.

What major changes, if any, have occurred in the vicinity of the property in question which would make the proposed amendment appropriate?

A separate sheet must be attached to this application listing the names and addresses of all abutting property owners. This information is available from the Hopkins County Property Valuation Office in the Courthouse Annex, located at 25 East Center Street, Madisonville, Kentucky, 42431.

I do hereby agree that the information provided herein is both complete and accurate, to the best of my knowledge, and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

Signature of Property Owner

Signature of Authorized Agent

For Official Use Only		
App. No _____	Date Filed _____	Flood Plain _____
PC Meeting Date _____	Fee _____	Date Fee Paid _____
Notes/Comments _____		
