



CITY OF MADISONVILLE
ZONING AMENDMENT APPLICATION
 OFFICE OF ZONING ADMINISTRATOR

Property Owner

Name: _____

 Address: _____

 Phone #: _____
 Email: _____

Authorized Agent

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 held on the 4th Thursday of the month.**
4. **Fee of \$250 (payable to the City of Madisonville)**

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 _____
