# City of Jeffersontown

**Department of Permitting, Planning and Enforcement**
**10416 Watterson Trail**
**Jeffersontown, KY 40299**
**Phone: (502) 267-8333 Fax: (502) 267-0547**
**jeffersontownky.gov**

**Case No.**_____

**Intake Staff:** _____

**Date:**_____

**Fee:**_____

## Appeal Application

Any additional required reviews or approvals must be obtained by the owner, or owner's representative, prior to the issuance of any building permit. It is the responsibility of the owner, or owner's representative to verify that all Metro Land Development Code requirements are being followed.

**PROJECT INFORMATION**

Primary Project Address:_____

Additional Address(es):_____

Primary Parcel ID(s):_____

Additional Parcel ID(s):_____

If the property, or any portion thereof, has been the subject of a previous proposal in this office, please list the docket/case number(s). Examples include, but are not limited to, Re-zonings, Variances, Appeals, Conditional Use Permits/Minor Plats, Category 3, Category 2B, etc. See list of resources attached to this application to obtain the below information.

Docket/Case #:_____ Docket/Case #:_____

Docket/Case #:_____ Docket/Case #:_____

Proposed Use: _____ Existing Zoning District:_____

Existing Use: _____ Existing Form District:_____

Council District:_____ Fire Protection District:_____

Deed Book(s)/Page Number:_____

The subject Property contains _____ square feet/acres

Number of Adjoining Property Owners (APO's)_____

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## Contact Information

Owner ☐ *Check if primary contact*

Name:_____

Signature[1]:_____

Company:_____

Address:_____

City:_____ State:_____ Zip:_____

Primary Phone:_____

Alternate Phone:_____

Email[2]:_____

☐ Owner ☐ Applicant ☐ Professional ☐ *Check if primary contact*

Name:_____

Signature[1]:_____

Company:_____

Address:_____

City:_____ State:_____ Zip:_____

Primary Phone:_____

Alternate Phone:_____

Email[2]:_____

☐ Owner ☐ Applicant ☐ Professional ☐ *Check if primary contact*

Name:_____

Signature[1]:_____

Company:_____

Address:_____

City:_____ State:_____ Zip:_____

Primary Phone:_____

Alternate Phone:_____

Email[2]:_____

☐ Owner ☐ Applicant ☐ Professional ☐ *Check if primary contact*

Name:_____

Signature[1]:_____

Company:_____

Address:_____

City:_____ State:_____ Zip:_____

Primary Phone:_____

Alternate Phone:_____

Email[2]:_____

[1] Owner(s) Information & Signature(s) or Certification Statement: Required. The application will not be accepted without it. A Certification Statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company corporation, partnership association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application. [2] Provide an e-mail address or fax # to receive agency comments for this case.

## Certification Statement

I, _____ in my capacity as

☐ Owner ☐ Authorized Agent ☐ Representative ☐ Other:_____

hereby certify that _____ is (are) the owner(s) of
(owner / LLC / corporation / partnership / association / trustee / etc.)

the property, which is the subject of this application, and that I am authorized to sign this application on behalf of the owner(s).

Signature:_____ Date:_____

I understand that knowingly providing false information on this application may result in any action taken here on being declared null and void. I further understand that pursuant to KRS 523.010 et. seq. knowingly making a material false statement or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.

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## Additional Information

Please describe the grounds for this appeal. State in detail why you believe that the action, or decision, was an error. Cite any laws or regulations involved. If additional space is needed, please make copies of this page.

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## Additional Information

The undersigned certifies that a copy of this application for appeal and all attachments has been mailed or hand delivered to the citing official named above, whose decision or action is being appealed. Either the appellant or appellant's attorney must sign.

**Appellant:**

Print Name:_____

Signature:_____Date:_____

Title:_____

Address:_____

City:_____ State:_____ Zip:_____ Email:_____

Primary Phone:_____ Alternate Phone:_____

----------OR----------

**Appellant's Attorney:**

Print Name:_____

Signature:_____Date:_____

Title:_____

Address:_____

City:_____ State:_____ Zip:_____ Email:_____

Primary Phone:_____ Alternate Phone:_____

Note: The staff of the Board of Zoning Adjustment will inspect the subject property on behalf of the Board to gather information and to post a public hearing notice.

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## Appeal Checklist

☐ 1. Completed application form signed by appellant – an owner's signature is not required.

☐ 2. Land Development Report Sheet*

☐ 3. Copy of current recorded deed.*

☐ 4. Legal description on separate 8 ½"x11" sheet of paper.

☐ 5. One set of mailing labels including adjoining property owners (APO's) and all those listed on the application.

☐ 6. One (1) photo copy of the mailing label sheet (APO's).

☐ 7. Drawing of property, survey, or tax map.

☐ 8. If necessary, notarized affidavits, photographs, and supporting documents-examples may include information from Caron's, or Polk Directory, utility bills, tax records, etc.

☐ 9. A copy of the action or decision, being appealed. (Refusal Form, Cease and Desist Order, Interpretation Letter, etc.)

## FEE

See fee schedule.