

MAP AMENDMENT APPLICATION CHECKLIST City of Elizabethtown, Department of Planning and Development 200 West Dixie Avenue P. O. Box 550 Elizabethtown, KY 42702

PRE APPLICATION CONFERENCE

Meet with Department to discuss KRS 100, Comprehensive Plan, Elizabethtown Zoning Ordinance and Elizabethtown Subdivision Regulations regarding the map amendment/zoning process and the content of the required Development Plan (including landscaping, buffering, off street parking, building setbacks, building elevations and other pertinent information) or Preliminary Subdivision Plat.

SUBMISSION REQUIREMENTS
Map Amendment Applicationwith all required attachments.
One of the following types of plans:
Development Plan Conceptual Development Plan Master Plan Preliminary Subdivision Plat
Map Amendment Filing Fee - \$350.00 (Payable to City of Elizabethtown)
Legal Description for each parcel requested to be rezoned.
PROCEDURE AND ACTIONS
File completed Map Amendment Application with Department by filing deadline.
Attend Planning Commission Public Hearing to provide any additional information not found in your application. You should specifically explain how your request is in compliance with the Comprehensive Plan.
The Planning Commission will make a recommendation to the Elizabethtown City Council on your request. The Council will take final action either approving or denying the request. It is not a requirement that you attend the Council meetings. However, they are public meetings and you may choose to attend. NOTE: NO ADDITIONAL TESTIMONY WILL BE TAKEN AT THE COUNCIL MEETINGS.
You will be notified in writing of the action taken on your request.



APPLICATION FOR MAP AMENDMENT City of Elizabethtown, Department of Planning & Development 200 West Dixie Avenue, P. O. Box 550 Elizabethtown, KY 42702 (270) 765-6121

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DATE				ATTESTED BY	
ATE OF PRE APPLICATION CONFERENCE				THE STATE OF THE S	
PPLICANT INFORMATION					
PPLICANT					
DDRESS	-		STATE	ZIP CODE	
PHONE	EMAIL				
OWNER INFORMATION (IF DIFFERENT FROM	APPLICANT)			
OWNER					
ADDRESS				CODE	
CITY			STATE	ZIP CODE	
PHONE	EMAIL				
PROPERTY INFORMATION			1		
PROPERTY ADDRESS			umber(s)		
PRESENT ZONING CLASSIFICATION	PROPOSED ZONING CLASSIFICATION				

MAP AMENDMENT NARRATIVE

STEP 5 COMPLIANCE WITH GUIDELINES FOR TARGETED PLANNING AREAS
If your proposal lies within a Targeted Planning Area as shown on the Sub Area Map, address the area guidelines and how your request complies with these criteria. If in compliance STOP. If not in compliance, go to Step 6.
STEP 6 NON COMPLIANCE WITH COMPREHENSIVE PLAN
Your request is not in compliance with the Comprehensive Plan. For the request to be approved, you must address either Item A or Item B.
A. The existing zoning classification given to the property is inappropriate and the proposed zoning classification is appropriate.
B. There have been major changes of an economic, physical or social nature within the area involved which were not anticipated in the adopted Comprehensive Plan and which have substantially altered the basic character of the area.

RTIFICATIONS								
PLICANTS CERTIFICAT	ION							
do hereby certify the lowledge, and I unde oplication and any a hich the map amend recuted documents	erstand that an ction taken on dment is filed o	this applicat that I have t	es may ion. I fu he aut	urther certify that I	arn the owner o	of the property for		
				Applicar	nt's signature, Ti	tle if Corporate Agent		
WNER'S CERTIFICATION	N (To be com	oleted if appl	icant d	loes not own the pr	operty.)			
do hereby certify the ware of the develop mendment hearing p	ment plan or p	reliminary Dic	iidus ik	litted as part of the	ndment in this o application ar	application, I am nd aware of the map		
				-		Owner's signature		
		OF	FICIAL	USE ONLY				
RECEIVED BY		FILING DATE	E		RECEIPT NUME	BER		
DATE OF PREAPPLICAT	TION CONFERE	NCE						
PUBLIC HEARING NUMBER				PUBLIC HEARING DATE				
DATE SIGN POSTED		DATE			AILED			
RECOMMENDATION	☐ Approval	□ Denial	DAT	ATE OF RECOMMENDATION				
notes/conditions _								
					Planning C	Commission Chairperso		
RECOMMENDATION	TRANSMITTED T	O CITY COUN	NCIL _		TRANSMITTA	AL NUMBER		
COUNCIL ACTION	[Approved	Demied	Tab	oled F Hearing Sc	heduled	//		
	1-1-							
DATE OF COUNCIL A	CTION/			ORDINANCE NU	MBER			