



City of Park Hills

APPLICATION FOR PLANNING AND ZONING

Permit Number: _____

Project Address:		Lot:	Parcel:
Applicant Name:		Phone #:	
Applicant Address:		Email:	
Property Owner(s):		Phone #:	
Owner Address:		Email:	

ZONING INFORMATION

Existing Zoning / Use:		Proposed Zoning / Use:
Type of Request		
☐ Annexation (\$60) ☐ Preliminary Plat (\$25) ☐ Record Plat (\$25+\$1 Per Lot) ☐ Boundary Adjustment (\$120)	☐ Rezoning (\$60) ☐ Minor Subdivision (\$120) ☐ Special Use Permit (\$60) ☐ PUD (\$25+\$1 Per Lot)	☐ Variance (\$60) ☐ Appeal (\$60) ☐ Vacate (\$60) ☐ Other

DESCRIPTION OF REQUEST

TO BE CONSIDERED COMPLETE AN APPLICATION MUST INCLUDE THE FOLLOWING:

1. THIS FORM SIGNED BY ALL OWNERS OR AUTHORIZED AGENTS.
2. A COPY OF THE DEED FOR THE PROPERTY. (TO ESTABLISH PROPERTY OWNERSHIP)
3. ANY LEGAL PETITIONS APPLICABLE TO THE REQUEST (ANNEXATION OR VACATE)
4. THE REQUIRED PLATS, PLANS, OR SURVEYS.
5. THE REQUIRED APPLICATION FEE. FEES SHOWN ABOVE ARE FOR APPLICATION ONLY AND ARE TO BE SUBMITTED WITH THE APPLICATION. THERE MAY BE ADDITIONAL COSTS FOR PUBLICATION, NOTICES AND RECORDING OF DOCUMENTS. THESE COSTS WILL BE PAID BY THE APPLICANT AFTER NOTIFICATION FROM CITY STAFF.
6. A LIST OF THE NAMES AND ADDRESSES OF ALL OWNERS OF CONTIGUOUS PROPERTY IS REQUIRED BY ORDINANCE, BUT WILL BE PROVIDED BY CITY STAFF.

Applicant Signature: _____ Date: _____