

**ZONING MAP AMENDMENT APPLICATION  
MARION, KENTUCKY**

Review Number \_\_\_\_\_

Please type or print

**PART 1** To be completed by property owner(s)

Applicant's Name: \_\_\_\_\_

Mailing address of Applicant(s) \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_

Mailing address of Attorney: \_\_\_\_\_

Daytime telephone number: \_\_\_\_\_

Location of property (give street address and nearest intersection.)

Size of property (state in acres unless less than one acre.) \_\_\_\_\_

Road frontage (state in feet) \_\_\_\_\_

Present zoning of property: \_\_\_\_\_ Proposed zoning of property: \_\_\_\_\_

Proposed use of property: \_\_\_\_\_

Deed book page number(s) of property: \_\_\_\_\_

Reason for zone change:

A. The proposed zone change is in agreement with the Marion Comprehensive Plan.

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Explain: \_\_\_\_\_

B. If "A" is no, then describe why the original zoning was inappropriate:

(Attach additional sheets if needed)

C. If "A" is no, and the original zoning was appropriate then describe the major changes which were not anticipated by the Comprehensive Plan and how these changes have altered the basic character of the area.

(Attach additional sheets if needed.)

**PART 2**      *The following must accompany all applications for zoning map amendments.*

1. A copy of a plat of the boundary requested to be rezoned.
2. A copy of the development plan if required or requested by the Planning Commission.
3. Provide the names and addresses of all adjoining property owners. This information must be obtained from the Property Administrator's office.
4. Application fee as established by the Planning Commission.
5. Recording fee.
6. One copy of the deed for the property requested to be rezoned.

I (we) do hereby certify that the information provided herein is both complete and accurate to the best of my (our) knowledge, and I (we) 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(s) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3**      *To be completed by Planning Commission Staff.*

Date application received \_\_\_\_\_ Date of public hearing \_\_\_\_\_

Date Development Plan received, (if applicable) \_\_\_\_\_

Date letters mailed to property owners \_\_\_\_\_

Chairman's Signature  
\_\_\_\_\_

Secretary's Signature  
\_\_\_\_\_