

CITY OF FORT THOMAS
130 N. Ft. Thomas Avenue
Fort Thomas, KY 41075
859-572-1210

PLANNING COMMISSION
APPLICATION FOR ZONING AMENDMENT

APPLICANT: _____ TELEPHONE NO: _____

ADDRESS: _____

OWNER: _____ TELEPHONE NO: _____

ADDRESS: _____

1) IF ZONING MAP CHANGES:

- Location (General Description) _____
- Present Zoning Classification: _____
- Requested Zoning Classification: _____
- Reason for Change: _____
- Is the proposed map change in agreement with the adopted City of Fort Thomas Comprehensive Plan: YES _____ NO _____
- If not, present Plan Designation _____
- Requested plan Designation _____

2) IF ZONING TEXT AMENDMENT:

- Applicable Chapter, Section, and Page Number _____
- Requested Amendment: (Specific wording may be attached if space is inadequate) _____

APPLICANT (NOTORIZED SIGNATURE)

Subscribed and sworn to before me this _____ day of _____, 20____, by
_____, Applicant.

My Commission expires: _____

Notary Public

-----Office Use Only-----

ZONING APPLICATION FEE (SEC. 19.0.F.): \$ _____

DATE RECEIVED BY CITY: _____

TENTATIVE HEARING DATE: _____

Signature of City Official