

CONDITIONAL USE PERMIT APPLICATION

A. APPLICANT INFORMATION

B. CONTACT PERSON or REPRESENTATIVE INFO

Name:	Name:
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
Phone # (w/ area code):	Phone # (w/ area code):

C. PROPERTY INFORMATION

Address:	Current Zoning:
Conditional Use Requested:	Current Use:

D. URBAN SERVICES STATUS (Indicate whether existing, or how to be provided)

Storm Sewers	<input type="checkbox"/> Existing OR <input type="checkbox"/> To be constructed by: <input type="checkbox"/> Developer <input type="checkbox"/> Others:
Sanitary Sewers	<input type="checkbox"/> Existing by: <input type="checkbox"/> LFUCG <input type="checkbox"/> Septic System OR <input type="checkbox"/> To be constructed by: <input type="checkbox"/> Developer <input type="checkbox"/> Others
Refuse Collection	<input type="checkbox"/> LFUCG OR <input type="checkbox"/> Other (please list):

E. POSSIBLE DISPLACEMENT OF TENANTS

Are there any existing dwelling units on the subject property that will be removed if this application is approved?
 Yes No **If yes, please answer the next two questions:**

1. Have any such dwelling units on the property been occupied within the past 12 months? Yes No

2. Are these units currently occupied by households earning less than 40% of the median income in Lexington-Fayette County? Yes No **If yes, please answer the next two questions:**

3. How many units? [_____ units]

4. Have any efforts already been taken to assist those residents in obtaining alternative housing? Yes No **If yes, provide an attachment and give details about those efforts.**

F. PROJECT DETAILS (If additional space is required, please use a separate page)

Describe in detail the proposed activity, including any operational or design provisions that will be used to limit the potential for disturbing surrounding properties. Please see the "Supplemental Application Requirements" listed on the reverse side of this page for guidance.

G. APPLICANT CERTIFICATION

I do hereby certify that to the best of my knowledge and belief, the information supplied with this application is true and accurate. I further certify that if I am not the current owner of this property, that I have obtained written permission from the current property owner, and that it has been submitted as part of this application.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF LFUCG EMPLOYEE/OFFICER (if applicable) _____

SUPPLEMENTAL APPLICATION REQUIREMENTS

The following is a list of the information that is typically needed to review a conditional use application. This information should be included under the "Project Details" section of the application.

- A. Child Care Facilities**
Provide the ages and number of children to be cared for.
Indicate the proposed days and hours that care is to be provided.
Describe any indoor and outdoor play areas that are proposed.
For family child care, indicate where in the residence care will be provided.
- B. Home Occupations**
Indicate the type of product/service that is proposed.
Describe any special materials or equipment that is used.
Estimate how frequently delivery trucks will come to the property.
Indicate whether or not "customers" will be coming to the residence for any reason. If yes, estimate how frequently such visits will take place on a daily basis. If no, describe how products will be distributed to customers.
For service home occupations (e.g. music instruction), specify the days and hours that services are proposed to be provided, and the total number of students/clients to be served on a daily basis.
- C. Church Facilities**
Indicate the days and hours that services will take place.
Provide the total number of existing and proposed sanctuary seats.
Describe how different portions of the building(s) are or will be used.
- D. Schools**
Indicate the grade levels of instruction to be provided.
Provide the number of students and the number of classrooms proposed.
Indicate the days and hours the facility will be open.
Estimate the total number of employees needed to operate the school.
If there will be a main auditorium, indicate the seating capacity.
- E. Indoor Recreational Facilities**
Describe the type of recreation/instruction that is proposed.
Indicate the number of participants and the number of classes.
Indicate the proposed days and hours that the facility will operate.
If spectator seating will be provided, indicate the number of seats.
Estimate the number of employees that will be needed to operate the facility.
- F. Live Entertainment & Dancing**
Describe the type entertainment to be provided (e.g., individual musicians or 8-person bands).
Indicate the days and hours that such entertainment is proposed to be provided.
Estimate the number of seats to be provided at the restaurant/bar.
- G. All Applications**

Indicate what other State or Local government agencies have been contacted regarding the proposed activity, and whether or not approvals have been obtained from those agencies. Examples include the Cabinet for Health and Family Services and Fayette County Health Department.