

*McCracken County
Planning Commission*



Application Packet
For A Commercial
Development Plan

Last Update: 3/11/24

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Color Codes

Blue Box **Tips For Getting It Right;
Or Answers To A Frequently Asked Question**

Red Box **Critical Information – Pay Special Attention**

Red Letters **Sheet To Be Returned With Application**



Planning Commission

McCracken County, Kentucky
300 Clarence Gaines St
Paducah, KY 42003
v (270) 448-0125
f (270) 443-0803
gcannon@mccrackenky.com

DO NOT WRITE IN THIS AREA

Pre-Conf Date _____

App Date _____

Hearing Date _____

APPLICATION FOR A DEVELOPMENT PLAN

P L E A S E P R I N T O R T Y P E

Applicant Information	_____
	Name _____
	Mailing Address _____
	Daytime Phone Number _____

Property Owner Information	_____
	Name _____
	Mailing Address _____
	Daytime Phone Number _____

Property Information	_____
	Property Address _____
	If Platted, Plat Book Number, Page Number _____

Current Zoning	Current Zoning -
	<input type="checkbox"/> AG <input type="checkbox"/> RR <input type="checkbox"/> UR <input type="checkbox"/> C <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> MHP

Development Plan	Reason for Submitting Development Plan

I hereby certify that the information contained in this application, the attached development plan and all other required submittals in support of this application, are to the best of my knowledge and ability true and correct.

Signature of Applicant

Date

RETURN THIS SHEET WITH THE COMPLETED APPLICATION

DEVELOPMENT PLAN APPLICATION

2nd page

Authorized Agent	<p>Commonwealth of Kentucky McCracken County</p> <p>This _____ Day of _____, _____ (Day) (Month) (Year)</p> <p>I, _____ (Owner)</p> <p>hereby authorize _____ to make application to the McCracken County Planning Commission for the purpose of requesting a zoning change for properties listed on this application.</p> <p>Owner</p> <p>COMMOMWEALTH OF KENTUCKY COUNTY OF _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 20____, in my County and State aforesaid, by the forenamed owner.</p> <p style="text-align: right;">Notary Public</p> <p>My Commission Expires: _____</p>
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I hereby certify that the information contained in this application, attached development plan and all other required submittals in support of this application are to the best of my knowledge and ability are true and correct.

Signature of Applicant

Date

COMMOMWEALTH OF
KENTUCKY COUNTY OF

Subscribed and sworn to before me this _____ day of _____, 20____, in my County and
State aforesaid, by the forenamed principal.

Notary Public

My Commission Expires: _____

Notifying the Neighbors

As required by the ordinance, the adjacent property owners shall be notified by First Class Mail. It is your responsibility to identify all of the adjacent property owners.

The Zoning Administrator will mail the letters.

The adjacent property owners are the property owners within 200' on either side of your property, to the rear of your property, and properties across the street qualify as "adjacent" for the purpose of the case.

You may find out who the adjacent property owners are by the following methods:

1. Visit the Property Valuation Office, located in the Court House Annex at 621 Washington Street.
2. Conduct a field survey by looking for names on mailboxes. You may have to knock on some doors.

P L E A S E P R I N T

	Adjacent Owner Name	Property Address	Mailing Address
1			
2			
3			
4			
5			
6			

USE A SEPARATE SHEET IF NECESSARY

RETURN THIS SHEET WITH THE COMPLETED APPLICATION

Adjacent Property Owners Affidavit

**Commonwealth of Kentucky
McCracken County**

This _____ Day of _____, _____
_____ (Day) _____ (Year) _____ (Month)

I, _____

(Owner, Applicant)

hereby make oath that the list of adjacent property owners of all portions of the subject property, including the subject property, all property immediately across the street or road of the subject property, is a true and accurate list as submitted with the variance application

(Owner, Applicant)

COMMOMWEALTH OF
KENTUCKY COUNTY
OF _____

Subscribed and sworn to before me this _____ day of _____,
200 _____, in my County and State _____
aforesaid, by the forenamed principal.

Notary Public My Commission Expires: _____

**RETURN THIS SHEET WITH THE COMPLETED
APPLICATION**

Development Plan Checklist

THE PLANNING COMMISSION WILL GENERALLY HEAR ALL APPLICATIONS WITHIN 60 DAYS FROM THE RECEIPT OF THE COMPLETED APPLICATION.

THE FOLLOWING INFORMATION MUST ACCOMPANY AN APPLICATION TO THE McCRACKEN COUNTY PLANNING COMMISSION AND IS TO BE PROVIDED BY THE APPLICANT:

- Completed Application. The applicant must submit the application form in its entirety. Incorrect or inaccurate information may result in dismissal of the application.
- A copy of the latest deed or plat (plat preferred) for the property or properties involved in the request.
- The appropriate drawings showing all existing and proposed improvements on the property, with dimensions and distances to property lines, all abutting streets, and all elements of the Preliminary Development Plan.
- A completed "Certificate of Land Use Restriction". A recording fee of \$50.00 is required per KRS 100.3683.
- A completed and recorded "Ownership & Maintenance Certification" found at <https://mccrackencountyky.gov/wp-content/uploads/2022/07/Detention-Basin-Maintenance-Certification-7-22-22.pdf>.
- Check for the Development Plan and Full Site Plan with Storm Water and/or Erosion Control and any other applicable fee as established in the fee schedule in Section 150.111 of the McCracken County Code of Ordinances.

THE FOLLOWING INFORMATION WILL BE PROVIDED TO THE APPLICANT BY THE McCRACKEN COUNTY ZONING ADMINISTRATOR'S OFFICE:

- An Application Packet with an application form, sample letters and sketches and documents you will need for the hearing to prepare for the public hearing.
- Hearing date, which will be the next applicable agenda date. All applications will be heard within 60 days from receipt of the completed application.

CERTIFICATE OF LAND USE RESTRICTION

1. NAME AND ADDRESS OF PROPERTY OWNER (S)

_____	_____
_____	_____
_____	_____
_____	_____

2. ADDRESS OF PROPERTY

3. NAME OF SUBDIVISION OR DEVELOPMENT (if applicable)

4. TYPE OF RESTRICTION (S)

___ Zoning Map Amendment
to ___ Zone
___ Development Plan
___ Unrecorded Subdivision Plat
___ Variance
___ Conditional Use Permit

(Check all that apply):

___ Conditional Zoning Condition
___ Other
specify _____

5. NAME AND ADDRESS OF PLANNING COMMISSION, BOARD OF ADJUSTMENT, LEGISLATIVE BODY OR FISCAL COURT WHICH MAINTAINS THE ORIGINAL RECORDS CONTAINING THE RESTRICTION

McCracken County Zoning Administrator
3700 Coleman Road
Paducah, KY 42001

Form of Certificate per KRS 100.3683
A Recording Fee of \$50.00 shall be collected at the time application is made (KRS 100.3681 (1), (2))

Signature of Completing Official

Name and Title of Completing Official
(Type or print)

Contact List

Zoning Administrator's Office

Voice (270) 448-0125
Fax (270) 444-4737
Email gcannon@mccrackenky.com

Greg Cannon