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

PLANNING COMMISSION
APPLICATION FOR ZONING
MAP/TEXT 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