



Text Amendment Application

Campbell County and Municipal Planning & Zoning Commission

1098 Monmouth Street, Suite 343

Newport, Kentucky 41071

Phone: (859) 292-3880

Fax: (859) 547-1868

www.campbellcountky.org

****ALL BLANKS MUST BE COMPLETELY FILLED OR THE APPLICATION WILL NOT BE ACCEPTED****

Section A (to be completed by the applicant)

1. Applicants Name _____
 Applicant's Address _____

 City State Zip
 Phone Number _____ Fax Number _____

2. I, or we, understand and agree that this application and attached information are being filed in accordance with KRS 100.211, that the application will not be processed if any of the said items are complete, and that all of that all of the statements contained in or submitted with this application are true.

Applicant's Signature _____ Date _____

City of _____

County of _____

Commonwealth of _____

Subscribed and sworn before me this _____ day of _____ 19_____.

Notary Public _____

My Commission expires _____

Section B (Submission Requirements)

1. One (1) copy of this application.
2. Twenty (20) copies of text to be amended. The submittal shall include all proposed changes.

Section C (to be completed by the Campbell County Zoning Staff)

1. Date received _____ Rezoning fee received _____
2. Number of signs _____
3. Is this application complete Yes No
4. Staff reviewer _____
5. Scheduled public hearing date _____
6. Planning commission action:
 Approved
 Approved with conditions (see #7)
 Denial (see #8)
7. Conditions of approval: _____

8. Reasons for Denial: _____

