APPLICATION FOR COMMERCIAL ZONING CHANGE

Property Owner(s)  Date _____________________  Petitioner(s)  Date _____________________

Name
Mailing Address
City  State  Zip
Phone  Fax
Email
Owner’s Signature  (I hereby certify that this petitioner has permission to apply for a resubdivision.)

REQUESTED ZONING CHANGE FROM: ________________________________________________
TO: __________________________________________

LOCATION OF PROPERTY/GENERAL DESCRIPTION ZONING: _____________________________

PROPOSED USE OF SITE: __________________________________________________________
PREVIOUS USE OF SITE: __________________________________________________________
SQUARE FEET OF BUILDING: ______________________________________________________
HEIGHT OF PROPOSED BUILDING: __________________________________________________
HOURS OF OPERATION: _____________________________________________________________
NUMBER OF EMPLOYEES: __________________________________________________________
LOT SIZE: _________________________________________________________________________

Petitioner’s Signature  (I hereby certify all information submitted to the City of Covington is TRUE AND CORRECT. Failure to submit correct information may result in denial of petition.)

continued on next page . . .
APPLICANT MUST SUBMIT THE FOLLOWING DOCUMENTS:
(ALL PLANS MUST BE FOLDED, AND WE MUST HAVE 15 COLOR COPIES OF ANY COLOR DRAWINGS OR PHOTOGRAPHS.)

☐ One (1) electronic copy of the typed legal description and cash sale document of the property

☐ One (1) notarized and sealed copy of the Property Ownership Certification Form

☐ Fifteen (15) copies of the survey, signed and sealed (no larger than legal size)

☐ One (1) copy of a letter stating why a zoning change is needed for the site

☐ A pre-application meeting with the City Planner is advised

APPLICANT SHOULD RECEIVE THE FOLLOWING:

☐ Copy of the applicable district regulations

☐ Copy of Part 4, Off-Street Parking and Loading Regulations (if applicable)

☐ Copy of Part 4, Minimum Landscape Requirements (if applicable)

☐ Property Ownership Certification Form

My signature certifies that I have received the above checked items:

Applicant’s Signature ____________________________ Date: ____ / ____ / ____

Application Filing Fee $ 400.00

Non-Residential Fee
$100.00 per parcel x _______ = $ ______

Advertising Fee $ 400.00

TOTAL FEES $ ______

Not to exceed $5,000.00

PAID ☐ DATE: _____ / _____ / _____