

**CONCEPT DEVELOPMENT PLAN**  
**BOONE COUNTY PLANNING COMMISSION**

**Seven (7) copies of submitted drawings are required**

**An application consists of all fees paid in full, submitted drawings, and a completed application form**

**SECTION A:** (To be completed by applicant)

1. Type of review (check one):
  - Concept Development Plan (includes Utilization of an Underlying Zone in a Planned Development)
  - Change in an Approved Concept Development Plan
  - Long Range Planning Committee Review (as stated in the Houston-Donaldson Study)
  - Long Range Planning Committee Review (as stated in the Union Town Plan)
  - Zone Change Committee Review of previously approved Concept Development Plan Conditions or Zoning Map Amendment Conditions
  - Zoning Administrator Review (as stated in the Central Florence Strategic Plan, An Update of the Parkway Corridor Study)
  - Zoning Administrator Review (as stated in the Mall Road District Study)
  - Zoning Administrator Review (as stated in the I-275/Graves Road Interchange Study)
  
2. Name of Project: \_\_\_\_\_
3. Location of Project: \_\_\_\_\_
4. Total Acreage of Project: \_\_\_\_\_
5. Current Zoning of Property: \_\_\_\_\_
6. Date of previous zoning map amendment or Approved Concept Development Plan (if applicable): \_\_\_\_\_
  
7. Is the site subject to a specialized Land Use Study approved by the Boone County Planning Commission  Yes  No  
If yes, indicate the name of the study: \_\_\_\_\_
8. Proposed Use(s) (specify each use):  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Proposed Building Intensities (specify for each building):  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Have you submitted a Concept Development Plan:  Yes  No
11. Are you applying for any of the following (check all that apply):
  - Conditional Use Permit  Variance
12. Current Owner: \_\_\_\_\_  
  
Address: \_\_\_\_\_  
  
\_\_\_\_\_  
City State Zip Code
  
- Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
  
- Email: \_\_\_\_\_
  
13. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

14. Are there any existing buildings on the site:  Yes  No  
If yes, indicate how many: \_\_\_\_\_

15. \_\_\_\_\_  
Deed Book Page Number Group Number

16. Have you had a pre-application meeting with the BCPC staff:  Yes  No

17. Have you met or discussed your proposed development with any of the following organizations/agencies (check all that apply):

Prior to construction of improvements, the applicant is recommended to submit copies of the Site Plan to the appropriate organizations/agencies prior to approval by the Boone County Planning Commission.

- |   |   |
|---|---|
| <input type="checkbox"/> Boone County Building Department   | <input type="checkbox"/> Local Fire District                          |
| <input type="checkbox"/> Boone County Public Works Department   | <input type="checkbox"/> Local School District                        |
| <input type="checkbox"/> Boone County Water District  | <input type="checkbox"/> Northern Kentucky Health Department          |
| <input type="checkbox"/> Cincinnati Bell  | <input type="checkbox"/> Owen Cooperative Electric, Inc.              |
| <input type="checkbox"/> Cincinnati/Northern Kentucky International Airport (Kentucky Airport Zoning Commission for height restrictions near the airport) | <input type="checkbox"/> Sanitation District No. 1                    |
| <input type="checkbox"/> Duke Energy  | <input type="checkbox"/> USDA NRCS/Boone County Conservation District |
| <input type="checkbox"/> Florence Public Services Department  | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Kentucky Division of Water   |   |
| <input type="checkbox"/> Kentucky Transportation Cabinet  |   |

18. Concept Development Plan Jurisdiction/Location (check all that apply):  
 Unincorporated Boone  Florence  Walton  Union

19. Waiver of 60 Day Time Requirement by Originator for Final Planning Commission Action:  
In accordance with the provisions of KRS 100.211, the applicant(s) and property owner(s) or originator(s) hereby waive the 60 day time limit for the Boone County Planning Commission to take final action on my (our) Zoning Map Amendment/Concept Development Plan application. This time limit waiver is considered effective immediately upon receipt by the Boone County Planning Commission and expires on \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**SECTION B:** (To be completed by Planning Commission staff)

1. Date Received: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_
2. Number of Copies Received: \_\_\_\_\_
3. Has the following been submitted (check all that apply):
  - Completed Application
  - Concept Development Plan
  - Legal Description
  - Names and Mailing Addresses of Adjacent Property Owners
4. Date the application is Administratively Complete (as defined in KRS 100.211): \_\_\_\_\_
5. Staff Reviewer: \_\_\_\_\_
6. Committee Chairperson: \_\_\_\_\_
7. Scheduled Public Hearing Date: \_\_\_\_\_
8. Boone County Planning Commission Action: \_\_\_\_\_ Date of Action: \_\_\_\_\_
  - \_\_\_\_\_ Approved
  - \_\_\_\_\_ Approved with Conditions
  - \_\_\_\_\_ Denial
  - \_\_\_\_\_ Other

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