

DESIGN REVIEW
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

See Houston-Donaldson Study and Boone County Zoning Regulations

SECTION A: (To be completed by applicant)

1. Type of review (check all that apply):

- Building Review
 Signage Review

2. Name of Project: _____

3. Location of Project: _____

4. Total Acreage of Project: _____

5. Total Acreage Under Review: _____

6. Lot Number and Name of Subdivision
(if part of a subdivision): _____

7. Current Owner: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

8. Applicant: _____

Address: _____

_____ City _____ State _____ Zip Code

Phone Number: _____ Fax Number: _____

Email: _____

9. Height of Proposed Building(s): _____

10. Square Footage of Proposed Building(s): _____

11. Are there any existing buildings on the site: Yes No
If yes, indicate how many: _____

12. Is the site subject to any of the following (check all that apply):
 Conditional Use Permit Variance Map Amendment
If yes, date of action: _____

13. Current Zoning of Property: _____

14. _____
 Deed Book Page Number Group Number

15. Do the submitted design plans or architectural drawings and submitted Site Plan address the following standards (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Architectural Details | <input type="checkbox"/> Placement or Location of Buildings |
| <input type="checkbox"/> Building Facades | <input type="checkbox"/> Relationship of Color |
| <input type="checkbox"/> Detention/Retention Ponds or Lakes | <input type="checkbox"/> Relationship of Materials |
| <input type="checkbox"/> Elevation | <input type="checkbox"/> Retaining Walls |
| <input type="checkbox"/> Entrances and Porch Projections | <input type="checkbox"/> Roof Types and Shapes |
| <input type="checkbox"/> Fences, Walls, and Landscaped Berms | <input type="checkbox"/> Scale |
| <input type="checkbox"/> Ground Cover or Paved Surfaces | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Height | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Windows and Doors |
| <input type="checkbox"/> Lighting | |

16. Design Review Jurisdiction/Location (check all that apply):
 Unincorporated Boone Florence Walton Union

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. Is application complete: Yes No

4. Staff Reviewer: _____

5. Staff Action: _____ Date of Action: _____

_____ Approved

_____ Approved with Conditions (see #6)

_____ Denial (See #7)

6. Conditions of Approval: _____

7. Reasons for Denial: _____

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