



12. Briefly describe the proposed improvements pertaining to this site plan application:

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13. Is the site subject to any of the following (check all that apply):

Conditional Use Permit     Variance     Map Amendment

If yes, date of action: \_\_\_\_\_

14. Current Zoning of Property: \_\_\_\_\_

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 received preliminary approval from 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"/> Kentucky Division of Water                   |
| <input type="checkbox"/> Boone County Public Works Department   | <input type="checkbox"/> Kentucky Transportation Cabinet              |
| <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"/> Homeowners/Property Owners Association   |   |

18. Are any of the improvements within a public street right-of-way or involve the extension of public utilities (check all that apply):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Driveway Apron | <input type="checkbox"/> Storm Sewer |
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Water Line  |
| <input type="checkbox"/> Sidewalk       |                                      |

19. Site Plan Jurisdiction/Location (check all that apply):

Unincorporated Boone     Florence     Walton     Union

20. I, or we, understand and agree that all construction work will be performed in accordance with this application and the Boone County Zoning Regulations.

**ORIGINAL Property Owner's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**ORIGINAL Applicant's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. 30 Day Action Deadline: \_\_\_\_\_

Boone County Planning Commission  
Boone County Administration Building  
2950 Washington Street, Room 317  
P.O. Box 958  
Burlington, Kentucky 41005  
Phone: 859-334-2196 Fax: 859-334-2264  
[plancom@boonecountyky.org](mailto:plancom@boonecountyky.org)  
[www.boonecountyky.org](http://www.boonecountyky.org)

**TIME LIMIT WAIVER REQUEST**  
**BOONE COUNTY PLANNING COMMISSION**

**Waiver of 30 day time requirement by applicant  
and property owner for final planning commission action**

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

1. Name of Project: \_\_\_\_\_

2. Location of Project: \_\_\_\_\_

3. Current Owner: \_\_\_\_\_

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

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

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

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

4. Applicant: \_\_\_\_\_

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

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

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

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

We, the applicant(s) and property owner(s) for the above referenced Site Plan application, waive the thirty (30) day time frame for Planning Commission action required by Section 3003 of the Boone County Zoning Regulations for said application. This time limit waiver is considered effective immediately upon receipt and approval by the Boone County Planning Commission and expires on: \_\_\_\_\_

It is understood that if the revised plans which address all outstanding requirements are not submitted by this date, the application may be denied in accordance with Article 30 of the Boone County Zoning Regulations.

**ORIGINAL Property Owner's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**ORIGINAL Applicant's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

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

1. Date Received: \_\_\_\_\_
2. Original Site Plan Application Date: \_\_\_\_\_
3. BCPC Time Waiver Action: \_\_\_\_\_
4. BCPC Time Waiver Action Date: \_\_\_\_\_

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