

**RADCLIFF BOARD OF ADJUSTMENT**  
**DIMENSIONAL VARIANCE APPLICATION**

City of Radcliff Planning Department  
 411 West Lincoln Trail Blvd., P. O. Box 519  
 Radcliff, KY 40159-0519  
 270-351-1875



**The following items are to be submitted along with this application:**

- A scaled drawing of the property under consideration which contains the dimensions and location of the outer boundaries; the size, type and location of any easements; the size, type and location of any buildings or structures and their distance to all property lines; and, the size, type and location of any proposed buildings for which the variance is being requested and the distance from said structures to all property lines and all existing structures.
- A review fee of \$150.00, payable to the City of Radcliff, of which no part is refundable to the applicant.
- One copy of the deed(s) of the property.

Applicant's Name: \_\_\_\_\_

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

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

Address of property under consideration, if different from above: \_\_\_\_\_

\_\_\_\_\_

Zone of property under consideration _____	Proposed Setback	Required Setback
Variance requested is for: _____ Front yard setback	_____	_____
(Note: For any setback variance requested fill in the proposed as well as the required setback)		
_____ Rear yard setback	_____	_____
_____ Right side yard setback	_____	_____
_____ Left side yard setback	_____	_____
_____ Other (specify) _____		

\_\_\_\_\_

(Note: if more space is needed to describe other types of variances please attach an additional sheet.)

Please address all of the following: (Attach an additional sheet(s) if more space is needed.)

1. Describe the specific conditions or characteristics of your land which has created the need for the variance: \_\_\_\_\_  
\_\_\_\_\_

2. In your opinion, does the condition described in question #1 exist on other land located within your zone? \_\_\_\_\_

3. Describe how you would be deprived of a reasonable use of your property, in a manner equivalent to the use permitted to other landowners in the same zone, if no variance from the provisions of the *Zoning Ordinance* is granted:  
\_\_\_\_\_  
\_\_\_\_\_

4. Are the unique conditions or circumstances which have created the need for the variance the result of actions taken by the applicant?  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe how you believe approval of the variance will preserve, and not harm, the public safety and welfare and how approval of the variance will not alter the essential character of the surrounding neighborhood.  
\_\_\_\_\_  
\_\_\_\_\_

I do hereby certify that, to the best of my knowledge, the information provided herein is both complete and accurate and I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application.

\_\_\_\_\_  
Property Owner(s) Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Received by: \_\_\_\_\_ Date of Filing: \_\_\_\_\_

Review Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Land Use Restriction Fee: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Date of Action: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Board Chair: \_\_\_\_\_