

RADCLIFF SUBDIVISION REGULATIONS WAIVER APPLICATION

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



Applicant's Name: _____

Address: _____

Phone Number: _____

Subdivision Name: _____ Location: _____

Findings Necessary for Granting of Waiver Request: Before granting any waivers, the Planning Commission must determine that there will be no adverse impact on the neighborhood or general area. Describe the impact the proposed waiver(s) will have on the area and state the reason(s) in support of this request. The explanation should address:

1. The special circumstances of the proposed use;
2. Site constraints that would make installation of improvement(s) economically unfeasible, and;
3. Whether installation of improvement(s) would serve the purpose of enhancing the public welfare.

The Planning Commission may also consider other factors it may deem relevant in rendering its decision.

EXPLANATION OF REQUEST: (Use additional sheets, if necessary) _____

I do hereby certify that the information provided herein is both complete and accurate to the best of my knowledge and I understand any inaccuracies may be considered just cause for invalidation of the application and any action taken on this application. A waiver of any requirements does not exempt the development from any other requirements of the Radcliff Zoning Ordinance or Subdivision Regulations.

Property Owner(s) / Applicant(s) Signature Title Date

FOR OFFICIAL USE ONLY

Received by: _____ Date of Filing: _____

Date of Action: _____

Action Taken: _____

Commission Chair: _____