



**City of Crestview Board of Adjustment Application
Office of the Zoning Administrator
Crestview Hills City Building
50 Town Center Boulevard
Crestview Hills, KY 41017
(859) 341-7373**

Date: _____ Property Address: _____

Property Identification Number (PIDN) _____ Zoning Classification _____

Section of City's Zoning Code Applicable to this Request _____

Contact Information:

	Applicant	Property Owner
Contact Name	_____	_____
Company (if applicable)	_____	_____
Address	_____	_____
City/State/Zip	_____	_____
Phone/Cell Numbers	_____	_____
Email	_____	_____

Nature of Request:

Conditional Use
 Variance
 Change from one Non-Conforming Use to Another
 Appeal

*******Internal Use*******

Application Number _____ Application is complete (date/initial) _____

30 Day expiration date _____

Adjoining Property Notification _____ Advertisement _____

Date of Hearing _____ Fee _____ Date of Receipt _____

Board of Adjustment Action Date: _____

Approved: _____ Denied: _____

Applicant may appeal decision of Board of Adjustment to Kenton County District Court on questions of law and fact.

