## City of Dry Ridge Board of Adjustments and Zoning Permits

Property Owners Name:			
Mailing Address:			
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Phone Number:			
Property Address:			
Current Zoning:			
Requesting: Zoning Permit			
Cond	ditional Use Permit		
Dime	ensional Variance Permit		
Describe the request being made:			
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Describe the reason for the request:			
Property Owner Signature:		Date:	
Representative of Applicant:		Date:	
Required Attachments for Conditional or Dimensional Permit			
Application will not be processed without the below:			
Deed to Property and Plat			
2. Name and Address of all adjoining owners of land that this property touches. (This includes			
across the road, both sides and behind the property)			
Fees:			
Zone	Dimensional Variance	Conditional Use	Zoning Permit
Agricultural	\$ 350.00	\$ 350.00	\$ 150.00
Residential	\$ 350.00	\$ 350.00	\$ 200.00
Commercial	\$ 400.00	\$ 400.00	\$ 250.00
Industrial	\$ 500.00	\$ 500.00	\$ 300.00
Date Received: Action Taken: Granted			
Hearing Date: Denied Temporary Permits Issued: Start Date: Expires: Expires:			
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Zoning Official: Date:			