



**City of Jeffersontown**  
 Department of Permitting and Enforcement  
 10416 Watterson Trail  
 Jeffersontown, KY 40299  
 Phone: (502) 267-8333 Fax: (502) 267-0547  
[jeffersontownky.gov](http://jeffersontownky.gov)

**FOR OFFICE  
 USE ONLY**

Date: \_\_\_\_\_

## General Waiver Application

Only to be used in conjunction with a Jeffersontown Board of Adjustment Conditional Use Permit or Variance Application.

### Project Information

Application is hereby made for one or more of the following waivers of the Land Development Code:

- Landscape Waiver of Chapter 10, Part 2
- Other: Waiver of Section \_\_\_\_\_

*A General Waiver Application is not required for Sidewalk or Tree Canopy Waivers. If applicable, please submit a "Sidewalk Waiver Application" or "Tree Canopy Waiver Application" instead.*

Explanation of Waiver: \_\_\_\_\_

Primary Project Address: \_\_\_\_\_

Additional Address(es): \_\_\_\_\_

Primary Parcel ID: \_\_\_\_\_

Additional Parcel ID (s): \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Existing Use: \_\_\_\_\_

Existing Zoning District: \_\_\_\_\_ Existing Form District: \_\_\_\_\_

Deed Book(s) / Page Numbers: \_\_\_\_\_

The subject property contains \_\_\_\_\_ acres. Number of Adjoining Property Owners: \_\_\_\_\_

Has the property been the subject of a previous development proposal (e.g., rezoning, variance, appeal, conditional use permit, minor plat, etc.)? This information can be found in the Land Development Report (Related Cases)  Yes  No

If yes, please list the docket/case numbers:

Docket/Case #: \_\_\_\_\_ Docket/Case #: \_\_\_\_\_

Docket/Case #: \_\_\_\_\_ Docket/Case #: \_\_\_\_\_



**Contact Information**

Owner:  Check if primary Contact  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Attorney:  Check if primary Contact  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant:  Check if primary Contact  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Plan prepared by:  Check if primary Contact  
Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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**Certification Statement:** a certification statement must be submitted with any application in which the owner(s) of the subject property is (are) a limited liability company, corporation, partnership, association, trustee, etc., or if someone other than the owner(s) of record sign(s) the application

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_, hereby  
*Representative/authorized agent/other*  
certify that \_\_\_\_\_ is (are) the owner(s) of the property which  
*Name of LLC/corporation/partnership/association/etc.*

Is the subject of this application and that I am authorized to sign this application on behalf of the owner(s).

Signature \_\_\_\_\_ Date: \_\_\_\_\_

I understand that knowingly providing false information on this application may result in any action taken hereon being declared null and void. I further understand that pursuant to KRS 523.010, et seq. knowingly making a material false statement, or otherwise providing false information with the intent to mislead a public servant in the performance of his/her duty is punishable as a Class B misdemeanor.