

**KENTON COUNTY PLANNING COMMISSION
APPLICATION FOR WAIVER OF ANY SUBDIVISION REGULATION**

1. APPLICANT _____
ADDRESS _____
CITY _____ STATE/ZIP _____ PHONE _____

OWNER, IF DIFFERENT THAN APPLICANT:

NAME _____
ADDRESS _____
CITY _____ STATE/ZIP _____ PHONE _____

2. IDENTIFY APPLICABLE REGULATION(S) REQUESTED TO BE WAIVED:

3. REASONS FOR WAIVER(S):

4. INFORMATION SUBMITTED:

5. **WAIVER FEE MADE PAYABLE TO KCPC: \$416 PER WAIVER REQUEST.**

Total Waiver Fees to KCPC: \$

6. I CERTIFY THAT THE FOREGOING INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

DATE

SIGNATURE OF APPLICANT