



APPLICATION FOR A DESIGN WAIVER

City of Covington- Historic Preservation and Planning
 Department of Development
 20 W Pike Street Covington, KY 41011
 Tel: (859) 292-2171 Fax: (859) 292- 2106
 email: eahouse@covingtonky.gov
 www.covingtonky.gov

PROPERTY IMPROVEMENT INFORMATION			
Property Designation	<input type="checkbox"/> MUC-O Mixed Use Corridor Overlay	<input type="checkbox"/> LGD Linden Gateway District	
Property Address	Street Address	Covington, KY	Zip Code
Current Use			
Describe the Design Waiver request and reason for the request. Please specify how even with the Design Waiver you will still be meeting the intentions of the District/Overlay that your property is within. For additional room use 2nd page.			

APPLICANT INFORMATION (PLEASE PRINT)	
Applicant is <input type="checkbox"/> owner <input type="checkbox"/> contractor <input type="checkbox"/> architect <input type="checkbox"/> consultant <input type="checkbox"/> other _____	
Owner's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Cell: _____ Work: _____ Fax: _____ Email: _____	Applicant's Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Cell: _____ Work: _____ Fax: _____ Email: _____

I have reviewed the City of Covington Zoning Code in relation to my project and understand the Design Waiver request and standards of the district.

I or my representative will attend the UDRB meeting

If a representative is not at the UDRB meeting, it is not guaranteed that a decision will be made.

I HEREBY CERTIFY that I understand this application will not be accepted and processed until all the requested information has been supplied. I also understand this application may require a site visit/additional research by staff and a PUBLIC HEARING by the CITY OF COVINGTON URBAN DESIGN REVIEW BOARD. I hereby certify that I am the owner of this building / property and I will comply with all the applicable laws and codes and make the proposed improvement in accordance with the submitted plans and specifications.

SIGNATURE OF OWNER(S)

DATE

SIGNATURE OF AGENT(S)

DATE

WORK DESCRIPTION

Describe the Design Waiver request and reason for the request. Please specify how even with the Design Waiver you will still be meeting the intentions of the District/Overlay that your property is within. For additional room use 2nd page.

OFFICE USE ONLY

Date Received:

All required documentation submitted

UDRB Review Required

UDRB Meeting Date: