

**TIME LIMIT WAIVER REQUEST**  
**BOONE COUNTY PLANNING COMMISSION**

**Waiver of 30 day time requirement by applicant  
and property owner for final planning commission action**

**SECTION A:** (To be completed by applicant)

1. Name of Project: \_\_\_\_\_

2. Location of Project: \_\_\_\_\_

3. Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

4. Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

We, the applicant(s) and property owner(s) for the above referenced Site Plan application, waive the thirty (30) day time frame for Planning Commission action required by Section 3003 of the Boone County Zoning Regulations for said application. This time limit waiver is considered effective immediately upon receipt and approval by the Boone County Planning Commission and expires on: \_\_\_\_\_

It is understood that if the revised plans which address all outstanding requirements are not submitted by this date, the application may be denied in accordance with Article 30 of the Boone County Zoning Regulations.

**ORIGINAL Property Owner's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**ORIGINAL Applicant's Signature:** \_\_\_\_\_  
(Faxed, Photocopied or Scanned Signatures will **NOT** be Accepted)

**SECTION B:** (To be completed by Planning Commission staff)

1. Date Received: \_\_\_\_\_
2. Original Site Plan Application Date: \_\_\_\_\_
3. BCPC Time Waiver Action: \_\_\_\_\_
4. BCPC Time Waiver Action Date: \_\_\_\_\_

Boone County Planning Commission  
Boone County Administration Building  
2950 Washington Street, Room 317  
P.O. Box 958  
Burlington, Kentucky 41005  
Phone: 859-334-2196 Fax: 859-334-2264  
[plancom@boonecountyky.org](mailto:plancom@boonecountyky.org)  
[www.boonecountyky.org](http://www.boonecountyky.org)