

Date: 9-29-2022

We have seen a drawing of the proposed (e.g. garage, addition) existing on enclosed porch to project into setback of yard to be constructed at (address) 420 CHERRYWOOD ROAD, Louisville, KY 40207

As owners of the property adjacent to the above address, we give our consent and do not object to the planned construction or to the variance that will be required.

**Note:** If the property is in joint ownership, all owners must sign, or an authorized person must sign (authorized persons must also complete the certification statement). If there is a POA, the property owner is deceased or there are extenuating circumstances, please indicate on the signature line. For additional signatures, use additional copies of the affidavit form.

1. Address: 422 CHERRYWOOD ROAD, Louisville, KY 40207

Owner Name: Helson Investments, LLC Signature: Timothy D. Helson

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

4. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### 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.

X Timothy D. Helson, in my capacity as LLC Manager  
representative/authorized agent/other

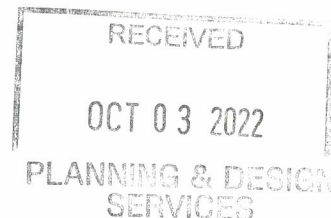
certify that X Helson Investments, LLC is (are) the owner(s) of the property which  
name of LLC / corporation / partnership / association / etc.

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

Signature: Timothy D. Helson

Date: 9-29-2022

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 materially 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.



22 - VARIANCE - 0135

Date: 9-26-2022

We have seen a drawing of the proposed (e.g. garage, addition) Existing enclosed porch to project 5' into setback of yard to be constructed at (address) 420 CHERRY WOOD ROAD, Louisville, Ky. 40207

As owners of the property adjacent to the above address, we give our consent and do not object to the planned construction or to the variance that will be required.

**Note:** If the property is in joint ownership, all owners must sign, or an authorized person must sign (authorized persons must also complete the certification statement). If there is a POA, the property owner is deceased or there are extenuating circumstances, please indicate on the signature line. For additional signatures, use additional copies of the affidavit form.

1. Address: 4037 Brookfield Avenue, Louisville, Ky 40207

Owner Name: DANIEL BOSLER Signature: Daniel E. Bosler

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

4. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### Certification Statement

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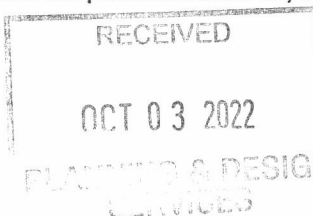
I, X Daniel E. Bosler, in my capacity as X Daniel E. Bosler, OWNER  
representative/authorized agent/other

certify that X Daniel E. Bosler 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: X Daniel E. Bosler Date: 9-26-2022

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 materially 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.



22 - VARIANCE - 0135



Date: 9-26-2022

We have seen a drawing of the proposed (e.g. garage, addition) EXISTING UNENCLOSED PORCH TO PROJECT 5' INTO SETBACK OF YARD to be constructed at (address) 420 CHERRYWOOD ROAD Louisville, KY 40207

As owners of the property adjacent to the above address, we give our consent and do not object to the planned construction or to the variance that will be required.

**Note:** If the property is in joint ownership, all owners must sign, or an authorized person must sign (authorized persons must also complete the certification statement). If there is a POA, the property owner is deceased or there are extenuating circumstances, please indicate on the signature line. For additional signatures, use additional copies of the affidavit form.

1. Address: 418 CHERRYWOOD ROAD  
Owner Name: ROBERTA REBERT Signature: X ROBERTA J REBERT  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
4. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### 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, X ROBERTA J REBERT, in my capacity as X owner  
representative/authorized agent/other  
certify that X ROBERTA J REBERT 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: X ROBERTA J REBERT Date: 9/26/22

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 materially 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.



22 - VARIANCE - 0135

## **NON-PUBLIC HEARING VARIANCE AFFIDAVIT FOR THE SUBJECT PROPERTY OWNER(S): PART 2**

Date: 10/25/22

We have seen a drawing of the proposed (e.g. garage, addition) Porch Addition to be constructed at (address) 420 Cherrywood Road

As owners of the property adjacent to the above address, we give our consent and do not object to the planned construction or to the variance that will be required.

***Note:** If the property is in joint ownership, all owners must sign, or an authorized person must sign (authorized persons must also complete the certification statement). If there is a POA, the property owner is deceased or there are extenuating circumstances, please indicate on the signature line. For additional signatures, use additional copies of the affidavit form.*

1. Address: 418 Cherrywood Road

Owner Name: Raymond Reinert Signature: Deceased

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

4. Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### **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 \_\_\_\_\_  
*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 materially 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.

Date: 9/26/2022

We have seen a drawing of the proposed (e.g. garage, addition) EXISTING ENCLOSURE PORCH TO PROJECT  
5' INTO SETBACK OF YARD to be  
constructed at (address) 420 CHERRYWOOD ROAD, LOUISVILLE, KY 40207

As owners of the property adjacent to the above address, we give our consent and do not object to the planned construction or to the variance that will be required.

**Note:** If the property is in joint ownership, all owners must sign, or an authorized person must sign (authorized persons must also complete the certification statement). If there is a POA, the property owner is deceased or there are extenuating circumstances, please indicate on the signature line. For additional signatures, use additional copies of the affidavit form.

1. Address: 419 CHERRYWOOD ROAD, LOUISVILLE, KY 40207  
Owner Name: HOLY TRINITY CHURCH Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
2. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_
4. Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**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, BRUCE HINES, in my capacity as BUSINESS MANAGER  
representative/authorized agent/other  
certify that HOLY TRINITY 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: Bruce Hines Date: 9/26/2022

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 materially 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.

RECEIVED  
OCT 03 2022  
PLANNING & DESIGN  
SERVICES

22 - WIRAKE - 0135