

Sidewalk Waiver Justification:

In order to justify approval of any waiver, the Planning Commission or Board of Zoning Adjustment considers the following criteria. Please answer **all** of the following questions. Use additional sheets if needed. **A response of yes, no, or N/A is not acceptable.**

- 1. How does the proposed waiver conform to the Comprehensive Plan and the intent of the Land Development Code?**

DOERHOEFER AVENUE FUNCTIONS MORE AS AN ALLEY THAN A LOCAL STREET.

- 2. Why is compliance with the regulations not appropriate, and will granting of the waiver result in a development more in keeping with the Comprehensive Plan and the overall intent of the Land Development Code?**

THERE ARE NO LOT FRONTAGES ABUTTING THE DRIVE LANES OF THIS SECTION OF DOERHOEFER AVENUE.

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- 3. What impacts will granting of the waiver have on adjacent property owners?**

NONE – ADJACENT PROPERTY OWNERS WILL STILL HAVE ACCESS TO SIDEWALKS ALONG THEIR STREET FRONTAGE.

- 4. Why would strict application of the provision of the regulations deprive you of reasonable use of the land or create an unnecessary hardship for you?**

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RE-GRADING OF THE AREA TO ACCOMODATE CONSTRUCTION OF THE SIDEWALK WOULD CAUSE ELIMINATION OF PARKING SPACES ON THE CHURCH PROPERTY. THE LOSS OF PARKING SPACE NUMBERS WOULD CAUSE THE NEED FOR A PARKING WAIVER AND REMOVAL OF FOUR LARGE TREES.

Contact Information:

Owner: ☒ Check if primary contact

Applicant: ☐ Check if primary contact

Name: MICHAEL W. REED

Name: _____

Company: CHRIST TEMPLE CHURCH

Company: _____

Address: 723 S. 45TH STREET

Address: _____

City: LOUISVILLE State: KY Zip: 40208

City: _____ State: _____ Zip: _____

Primary Phone: 502-774-2428

Primary Phone: _____

Alternate Phone: 502-442-3174

Alternate Phone: _____

Email: Mwreed28@bellsouth.net

Email: _____

Owner Signature (required): _____

Attorney: ☐ Check if primary contact

Plan prepared by: ☐ Check if primary contact

Name: _____

Name: JAMES L. GRIFFIN

Company: _____

Company: EVANS/GRIFFIN, INC.

Address: _____

Address: 4010 DUPONT CIRCLE, SUITE 478

City: _____ State: _____ Zip: _____

City: LOUISVILLE State: KY Zip: 40207

Primary Phone: _____

Primary Phone: 502-899-9611

Alternate Phone: _____

Alternate Phone: _____

Email: _____

Email: egengr@bellsouth.net

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, MICHAEL W. REED, in my capacity as BUSINESS MANAGER, hereby
representative/authorized agent/other

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