



# Change in Nonconforming Use to Another Nonconforming Use

Louisville Metro Planning & Design Services

Case No.: 21-NONCONFORM-0025 Intake Staff: CS

Date: 4/29/21 Fee: NO FEE

*\*Establishment of nonconforming rights must be determined by Planning & Design Services or the Board of Zoning Adjustment prior to the submittal of this form.*

## **Site Information:**

Property Address(es): 3919,3921,3923 River Park Dr

Property Parcel ID(s): 007D00010000

Existing Zoning District: \_\_\_\_\_ Existing Form District: \_\_\_\_\_

Previous Case No.(s)  
(if known) \_\_\_\_\_

## **Description of Existing Nonconforming Use:**

*Please be as detailed as possible when describing the use and areas in which the use takes place*

*Current Nonconforming use is a dry cleaners*

## **Description of Proposed Nonconforming Use:**

*Please be as detailed as possible when describing the use and areas in which the use takes place*

*We are requesting to have three residential units in the building as the building has always had three different physical addresses and split into three units. We are requesting the Nonconforming rights to be changed to Multi family. The floor area will not be increased. Multi family will be less odious in the area as a drycleaning business. The area currently consist of single family and multi family. A Dry cleaning business has customers coming and going all day whereas multifamily will fit better in the neighborhood where Families live.*

**Contact Information:**

**Owner:**



*Check if primary contact*

**Applicant:**



*Check if primary contact*



*Same as owner*

Name: James Michael Burkhead III

Company: Mirage Properties III LLC

Address: 3813 River Park Dr

City: Louisville State: KY Zip: 40211

Primary Phone: 502-572-4780

Alternate Phone: \_\_\_\_\_

Email: mikeb@miragepropertym.com

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

**Owner Signature (required):**

*James M. Burkhead III*

**Attorney:**



*Check if primary contact*

**(if applicable)**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

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

**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, Mike Burkhead, in my capacity as Member, hereby  
representative/authorized agent/other

certify that Mirage Properties III 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: *James M. Burkhead III* Date: 4/29/21

**Recieved April 29, 2021**

**Planning & Design**

**21-NONCONFORM-0025**

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 material 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.

**Additional Information:**

**Nonconforming Use Policy**

If the property has been cited by a Zoning Enforcement Officer for a violation related to the land use, this process shall not substitute for an appeal of the citation to the Board of Zoning Adjustment.

**Required for Submittal: Mailing labels to notify Adjoining Property Owners (APOs)**

- ☐ One set of mailing label sheets for: 1<sup>st</sup> tier APOs and Case Manager
- ☐ One copy of the APO mailing label sheets
- ☐ Copy of approval of nonconforming rights letter