



# General Waiver Application

Louisville Metro Planning & Design Services

Case No.: 21-WAIVER-0133 Intake Staff: M  
Date: 9-27-21 Fee: \$225

Applications are due on Mondays at 2:00 p.m. in order to be processed that week. Once complete, please bring the application and supporting documentation to: Planning and Design Services, located at 444 South 5<sup>th</sup> Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/Planning-Design>.

## Project Information:

Application is hereby made for one or more of the following waivers of the Land Development Code:

- ☒ Landscape Waiver of Chapter 10, Part 2  
☐ Other: Waiver of Section \_\_\_\_\_

*A General Waiver Application is not required for Sidewalk or Tree Canopy Waivers. If applicable, please submit a "Sidewalk Waiver Application" or "Tree Canopy Waiver Application" instead.*

Explanation of Waiver: Waive more than 50% overlap of Alliant Avenue Landscape Buffer Area & utility easements

Primary Project Address: 11701 Bluegrass Parkway

Additional Address(es): NA

Primary Parcel ID: 234900050000

Additional Parcel ID(s): NA

Proposed Use: medical Existing Use: restaurant

Existing Zoning District: PEC Existing Form District: SW

Deed Book(s) / Page Numbers<sup>2</sup>: D.B. 12097, Page 784

The subject property contains 2.25 acres. Number of Adjoining Property Owners: 78

Has the property been the subject of a previous development proposal (e.g., rezoning, variance, appeal, conditional use permit, minor plat, etc.)? *This information can be found in the Land Development Report (Related Cases)*<sup>1</sup> ☒ Yes ☐ No

If yes, please list the docket/case numbers:

Docket/Case #: 09-041-78 Docket/Case #: \_\_\_\_\_  
Docket/Case #: \_\_\_\_\_ Docket/Case #: \_\_\_\_\_

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### **General Waiver Justification:**

In order to justify approval of any waiver, the Planning Commission or Board of Zoning Adjustment considers four 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. Will the waiver adversely affect adjacent property owners?**

The waiver will not impact the adjacent property owners because the required landscaping will be provided and the required landscape buffer area width will be provided.

**2. Will the waiver violate the Comprehensive Plan?**

It is because the required landscaping will be provided and the required landscape buffer area width will be provided.

**3. Is extent of waiver of the regulation the minimum necessary to afford relief to the applicant?**

It is because the required landscaping will be provided and the required landscape buffer area width will be provided.

**4. Has either (a) the applicant incorporated other design measures that exceed the minimums of the district and compensate for non-compliance with the requirements to be waived (net beneficial effect) or would (b) the strict application of the provisions of the regulation deprive the applicant of the reasonable use of the land or would create an unnecessary hardship on the applicant?**

The strict application would prevent 14 parking spaces from being provided leaving the facility underparked. The proposed development is for a medical emergency facility on the first floor and medical office on the second floor. Adequate parking is essential to be able to serve patients with medical emergencies.

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**Contact Information:**

**Owner:** ☐ Check if primary contact

**Applicant:** ☐ Check if primary contact

Name: X Josh Abbott

Name: Same as owner

Company: Baptist Healthcare System Inc

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

Address: 2701 Eastpoint Parkway

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

City: Louisville State: KY Zip: 40223

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

Primary Phone: X 502-572-6706

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

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

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

Email: X josh.abbott@bhsi.com

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

**Owner Signature (required):** X 

**Attorney:** ☐ Check if primary contact

**Plan prepared by:** ☒ Check if primary contact

Name: NA

Name: Ann Richard RLA

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

Company: Land Design and Development Inc

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

Address: 503 Washburn Avenue

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

City: Louisville State: KY Zip: 40222

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

Primary Phone: 502-426-9374

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

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

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

Email: richard@ldd-inc.com

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**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 Josh Abbott, in my capacity as X Regional Construction PM, hereby  
*representative/authorized agent/other*

certify that Baptist Healthcare System Inc. 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 

Date: 9/24/21

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.



**Please submit the completed application along with the following items:**

- ☒ Land Development Report<sup>1</sup>
- ☒ Three copies of the site plan or building rendering (whichever is applicable), including the following elements. *See site plan example below.*
  - ☒ Plan drawn to a reasonable scale [engineer's scale (1" = 20') or architect's scale (1/8" = 1')]
  - ☒ Vicinity map that shows the distance from the property to the nearest intersecting street
  - ☐ North arrow
  - ☒ Street name(s) abutting the site
  - ☒ Property dimensions
  - ☒ Building limit lines
  - ☒ Electric, telephone, drainage easements with dimensions
  - ☒ Existing and proposed structures with dimensions and distance from property lines
  - ☒ Highlight (in yellow) the location of the waivers
- ☒ One set of mailing label sheets for: 1<sup>st</sup> tier Adjoining Property Owners (APOs)<sup>3</sup>; those listed on the application; and individuals who provided oral or written testimony in support or opposition of previous public hearing regarding the site
- ☒ One copy of the APO mailing label sheets
- ☒ **\$225 Application Fee** (*Cash, charge or check made payable to Planning & Design Services*)

**Resources:**

1. Land Development Reports can be obtained online by entering the site address at:  
<https://www.lojic.org/lojic-online>
2. Deeds and plats can be found at the Jefferson County Clerk's Office, located at the 2<sup>nd</sup> floor of Metro Hall (527 West Jefferson Street, telephone: 502-574-6220). Many deeds, plats and other records are available online at:  
<https://search.jeffersondeeds.com>
3. Adjoining property ownership information can be found at the Property Valuation Administrator (PVA) office at 531 Court Place, Suite 504 or via their website:  
<https://jeffersonpva.ky.gov/property-search>

*Sample site plan is for example purposes only and not drawn to scale*

