

# Pendleton County Joint Planning Commission Commercial Zoning Permit Application

Date: \_\_\_\_\_

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

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

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

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

Authorized Agent/Applicant: \_\_\_\_\_

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

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

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

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

**Lot Information:**

Jurisdiction of Activity: City of Falmouth

Present Zoning of Property: \_\_\_\_\_

Address of Proposed Activity: \_\_\_\_\_ PIDN #: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ If Variance, Date Approved: \_\_\_\_\_

Is project located in floodplain? Yes \_\_\_ No \_\_\_

Is project located on original hillside slope of 20% or greater? Yes \_\_\_ No \_\_\_

**Project Information:**

Proposed Building Activity:

- |   |   |                                |
|---|---|--------------------------------|
| <input type="checkbox"/> New Building         | <input type="checkbox"/> Off-Street Parking/Unloading | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Addition to Building | <input type="checkbox"/> Change of Use                | Type _____                     |
| <input type="checkbox"/> Demolition           | <input type="checkbox"/> Change of Occupancy          | Height _____                   |
| <input type="checkbox"/> Accessory Structure  | <input type="checkbox"/> Site Development             | <input type="checkbox"/> Sign  |
| <input type="checkbox"/> Other: _____         |   |                                |

Description of Construction Activity to be performed: \_\_\_\_\_

Building square feet: \_\_\_\_\_ Number of Stories \_\_\_\_\_

Exterior Type \_\_\_\_\_ Previous/Existing Use \_\_\_\_\_

Builder/Developer Name and Contact Information: \_\_\_\_\_

How much land area is being disturbed by the proposed project? \_\_\_\_\_ acres

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

Sewage:  Public/Package Treatment (Attach certificate)  Septic  Lagoon (Attach permit)

Water Service:  Public- Name of Provider \_\_\_\_\_  Private

**Read & Initial:** Section 6.10 of the City of Falmouth Zoning Ordinance states that “No building which has access to public water and/or centralized sanitary sewer system may be constructed in any zone unless such building is connected to public water/ central sanitary sewer system.” By initialing the applicant has read, understands, and will comply with Section 6.10 of the zoning ordinance.                   **Initials** \_\_\_\_\_

(Please attach all required site plans, permits, and deed,/plat to the application. )

\*No work shall be started until proper permits have been issued. Fees are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate. It is the applicant’s responsibility to provide proof of the accuracy and correctness of the submitted information and attachments. The applicant is responsible for meeting all requirements of the National Electric Code, Kentucky State Plumbing Code, and/or the Kentucky Building Code, if applicable.

\*This zoning permit is not transferable.

\*Any changes to the zoning permit must be approved by the Planning & Zoning Department.

\*Call the City of Falmouth at 859-654-6937 (Attn: Zoning Admin) after excavation, but prior to foundation installation for setback verification.

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Who is the applicant?

- Owner                     Contractor/Builder                     Architect/Engineer                     Other

-----*Administrative Use Only*-----

Approved \_\_\_\_\_    Approved with Conditions \_\_\_\_\_    Not Approved \_\_\_\_\_

Permit Fee \_\_\_\_\_    Date Fee Paid \_\_\_\_\_

Zoning Permit Number \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_