

City of Falmouth Residential Zoning Permit Application

City of Falmouth
230 Main St, Falmouth, Ky 41040
(859) 654-6937
bthompson@cityoffalmouth.com

Owner Name: _____ Phone: _____
Authorized Agent/Applicant: _____ Phone: _____
Address: _____
Email: _____
Business Name (If Contractor or other Authorized Agent): _____

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: _____
Subdivision Name and Lot Number (if Applicable): _____
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:
 Single Family Home Off –Street Parking/Unloading Fence
 Two- Family Demolition Type _____
 Multi-Family Accessory Structure Height _____
 Addition to Building Swimming Pool
 Other: _____

Description of Construction Activity to be performed (include exterior dimensions of structure(s) L,W,H):

How much land area is being disturbed by the proposed project? _____ acres
Electric Company: _____
Sewage: Public/Package Treatment (Attach certificate) Septic Lagoon (Permit #) _____
If using existing sewage system, has Health Department approved for new project? Yes ___ No ___
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** _____

Encroachment Permit required by: _____ County _____ State

Manufactured Home Manufacturer & Model #: _____

PERMIT NO. _____

Manufactured Home B1 Seal #: _____

The mobile or Manufactured home shall be installed by a certified installer (certified under 815 KAR 25:080) in accordance with the state standards set forth in KRS 227.550, et seq., and placed on a permanent foundation.

(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/permits of the National Electric Code, Kentucky State Plumbing Code, the Kentucky State HVAC code and/or the Kentucky Building Code, if applicable. **Additional permits may be required for electric, plumbing, HVAC, and commercial building.**

***Call 811 BEFORE U DIG**

***Call local utility companies prior to construction to verify location of utility easements.**

***It is the responsibility of the applicant to meet requirements of any private deed restrictions or subdivision covenants. An approved zoning permit issued by the Zoning Administrator does not relieve the applicant of any private land restrictions.**

*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 _____

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

Date Received: _____

Approved _____ Approved with Conditions _____ Not Approved _____

Permit Fee _____ Date Fee Paid _____

Zoning Administrator Signature _____

Date Approved: _____

Zoning Permit Number _____