



Pendleton County Joint Planning Commission Commercial Zoning Permit Application

Date: _____

Owner Name: _____

Address: _____

Phone: _____

Authorized Agent/Applicant: _____

Address: _____

Phone: _____

Business Name: _____

Lot Information:

Jurisdiction of Activity: Unincorporated Pendleton County 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 Pendleton County Zoning Ordinance and 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 Pendleton County Department of Planning & Zoning 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 _____