



# CITY OF ELSMERE

318 Garvey Avenue, Elsmere KY 41018

## COMMERCIAL ZONING PERMIT APPLICATION

Address of Proposed Activity or Business: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot Number: \_\_\_\_\_

Property Identification Number (PIDN): \_\_\_\_\_

	OWNER	CONTRACTOR	PLANS CONTACT	APPLICANT
Name				
Address				
City				
State				
Zip Code				
Phone #				
Fax #				
Cell #				

**5. Proposed zoning or building activity:**

- New Building
- Addition To Building
- Alteration To Building
- Demolition Of Building
- Accessory Structure
- Other: \_\_\_\_\_
- Repair/Replacement
- Agricultural/Farm Exemption
- Off-Street Parking/Unloading Facility
- Change Of Use Or Occupancy
- Driveway/Access Point
- Fence Type: \_\_\_\_\_  
Height: \_\_\_\_\_
- Sign :  New  
                   Face Change

6. Description of proposed activity and/or use: \_\_\_\_\_  
\_\_\_\_\_

7. Estimated Cost: (If single family project do not include lot cost) \$ \_\_\_\_\_

**8. Type of sewage disposal:**

- Public or Centralized
- On-site (septic tank)
- Sewer permit Number: \_\_\_\_\_

**9. Type of water supply:**

- Public     Private (well, cistern)

**10. Electrician:**

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

License Number: \_\_\_\_\_

**11. HVAC:**

Contractor: \_\_\_\_\_

License Number: \_\_\_\_\_

11. Is the project located within the floodplain?     Yes     No

12. Is the project located on an original hillside slope of twenty (20) percent or greater?     Yes     No

13. How much land area is being disturbed for the proposed project? \_\_\_\_\_ acres

**DO NOT WRITE BELOW THIS LINE**

APPLICATION NUMBER: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Zone: \_\_\_\_\_ Zoning Fee: \_\_\_\_\_

Building Fee: \_\_\_\_\_

Total Fees: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Department	Approved	Approved with Conditions	Disapproved
Zoning			
Building			

Zoning Administrator Approval: \_\_\_\_\_ Building Inspector Approval: \_\_\_\_\_

***Residential Projects - Please Complete the Following (if applicable):***

16. Manufactured Home – Manufacturer: \_\_\_\_\_

17. Modular Home –Model Number: \_\_\_\_\_

18. Encroachment Permit Required By:      County      State

***Non-Residential Project - Please Complete the Following (if applicable):***

19. *Name of strip center:* \_\_\_\_\_

20. *Business name:* \_\_\_\_\_

21. *Registered Design Professional in responsible charge:* \_\_\_\_\_

22. *If the Registered Design Professional in responsible charge is an Architect, is this individual responsible for construction contract administration?*      Yes      No

23. ***Existing Building Information***

Existing use of building and/or space:

Building Square Feet _____	Square Feet per Floor _____
Number of Stories _____	Building Suppression _____
Construction Type _____	

***To Be Completed By All Applicants***

**\*\*No work shall be started until proper permits have been issued\*\***

**\*\*Fees are non-refundable\*\***

**\*\*NOTICE\*\***

**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 and the burden of proof of its correctness and accuracy is the responsibility of the applicant.**

\_\_\_\_\_  
*Owner or Authorized Agent (Signature)*      *Date*

\_\_\_\_\_  
*Owner or Authorized Agent (Please Print)*      *Date*

# COMMERCIAL PERMIT

## CITY OF ELSMERE

**\*\*ALL INFORMATION MUST BE SUBMITTED WITH YOUR APPLICATION\*\***

- \_\_\_\_\_ ZONING PERMIT APPLICATION, COMPLETELY FILLED OUT.
- \_\_\_\_\_ A COPY OF (1) YOUR RECORDED DEED AND (2) THE APPROVED AND RECORDED PLAT (AVAILABLE FROM THE KENTON COUNTY CLERK'S OFFICE 859-392-1650).
- \_\_\_\_\_ A COPY OF (1) CONTRACTOR'S OCCUPATIONAL LICENSE FOR KENTON COUNTY AND THE CITY OF **ELSMERE** AND (2) PROOF OF KENTUCKY'S WORKER'S COMPENSATION INSURANCE.
- \_\_\_\_\_ A CERTIFICATE OF ENCROACHMENT PERMIT FOR ACCESS TO A COUNTY OR STATE ROAD IF A STATE MAINTAINED ROAD (859-341-2707).
- \_\_\_\_\_ A COPY OF YOUR LAND DISTURBANCE PERMIT, ISSUED BY SANATATION DISTRICT NUMBER 1 IF GREATER THAN ONE (1) ACRE.
- \_\_\_\_\_ STATE APPROVAL: CONTACT PLANNING AND DEVELOPMENT SERVICES OF KENTON COUNTY AT 859-331-8980 FOR APPROVAL ON YOUR STATE JURISDICTION PROJECT.
- \_\_\_\_\_ TWO (2) COPIES OF YOUR SITE PLAN, INDICATING:
  - \_\_\_\_\_ LOCATION OF ALL EXISTING AND PROPOSED EASEMENTS IDENTIFICATION OF ANY STREET ADJACENT TO PROPERTY PROPOSED OR EXISTING SEPTIC TANK, LEACH FIELD OR OTHER SEPTIC SYSTEM SHALL BE SHOWN TO SCALE.
  - \_\_\_\_\_ PROPERTY LINES WITH BEARINGS AND DIMENSIONS.
  - \_\_\_\_\_ LOCATION OF EXISTING AND PROPOSED BUILDING(S) AND USES ALONG WITH THE DISTANCE FROM EXISTING AND PROPOSED BUILDING TO ALL PROPERTY LINES (FRONT, REAR AND BOTH SIDES, TAKEN FROM CLOSEST POINT).
  - \_\_\_\_\_ LOCATION OF DRIVEWAY, SIDEWALKS AND OTHER OFF STREET PARKING AREAS AS WELL AS TYPE OF SURFACE USED.
  - \_\_\_\_\_ PROVISIONS FOR EROSION CONTROL, HILLSIDE SLIPPAGE, AND SEDIMENTATION, INDICATING THE TEMPORARY AND PERMANENT CONTROL PRACTICES AND MEASURES WHICH WILL BE IMPLEMENTED DURING ALL PHASES OF CLEARING, GRADING AND CONSTRUCTION.
  - \_\_\_\_\_ WATER DRAINAGE AND GRADING LINES.
  - \_\_\_\_\_ EXISTING AND PROPOSED TOPOGRAPHY, SHOWN BY CONTOURS WITH INTERVALS NOT TO EXCEED FIVE (5) FEET.
  - \_\_\_\_\_ VICINITY MAP SHOWING THE LOCATION OF SUBJECT PROPERTY.

# CITY OF ELSMERE

PERMIT NUMBER \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## AFFIDAVIT OF ASSURANCES PURSUANT TO KRS 198B.060(10)

Comes the Applicant, \_\_\_\_\_ and states pursuant to KRS 198B.060(10) that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
CONTRACTOR, OWNER OR OWNER'S AGENT

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_ Applicant, on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC STATE AT LARGE

MY COMMISSION EXPIRES: \_\_\_\_\_ 20 \_\_\_\_\_

# CITY OF ELSMERE

SUBMIT A LIST OF ALL SUBCONTRACTORS WHO WILL BE PERFORMING WORK ON THIS PROJECT

ADDRESS OF PROPOSED ACTIVITY: \_\_\_\_\_

SUBDIVISION NAME (IF APPLICABLE): \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

PROPERTY IDENTIFICATION NUMBER (PIDN): \_\_\_\_\_

GENERAL CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

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SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBCONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE COPY IF MORE SPACE IS NEEDED

# CITY OF ELSMERE

## ZONING DEPARTMENT

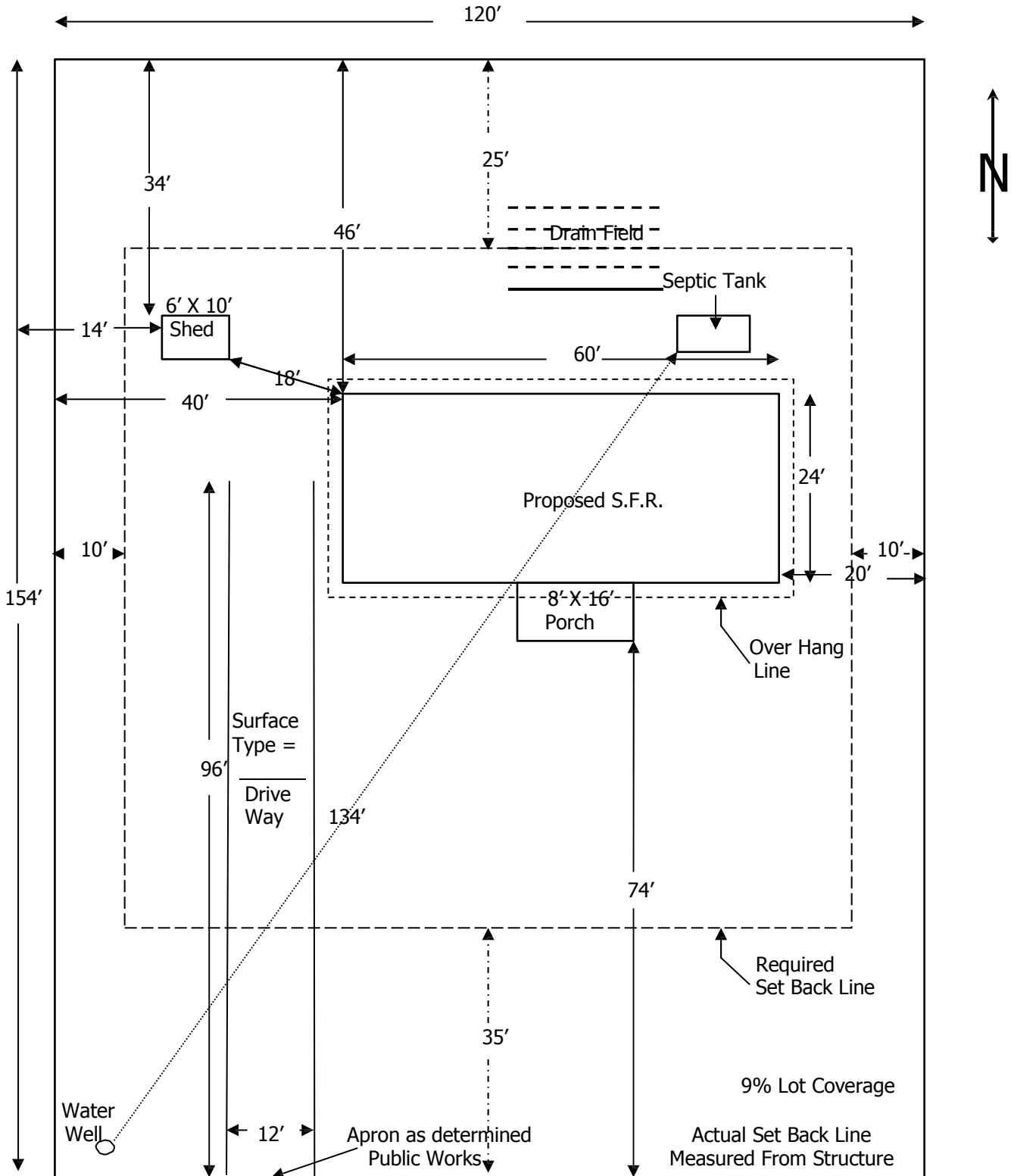
### NOTICE TO CONTRACTORS

The following **POLICIES AND REGULATIONS** will be enforced.

1. Permits must be posted on the job site and a sign visible from the street with the permit number, address, lot number and contractor.
2. Site plan and full set of approved stamped building plans must be available on site.
3. Erosion control must be in place and maintained as necessary. Soil erosion control is required from the first day dirt is moved until vegetation is provided. Also any mud on the street must be removed the same day.
4. Construction debris must be disposed of daily and dumpsters maintained.
5. Designation on plans or application that a deck will or will not be included. If so plans must be submitted.
6. PIDN Number, property identification number must be on all applications.

# EXAMPLE SITE PLAN

Scale: 1" = 20'



100 First Street

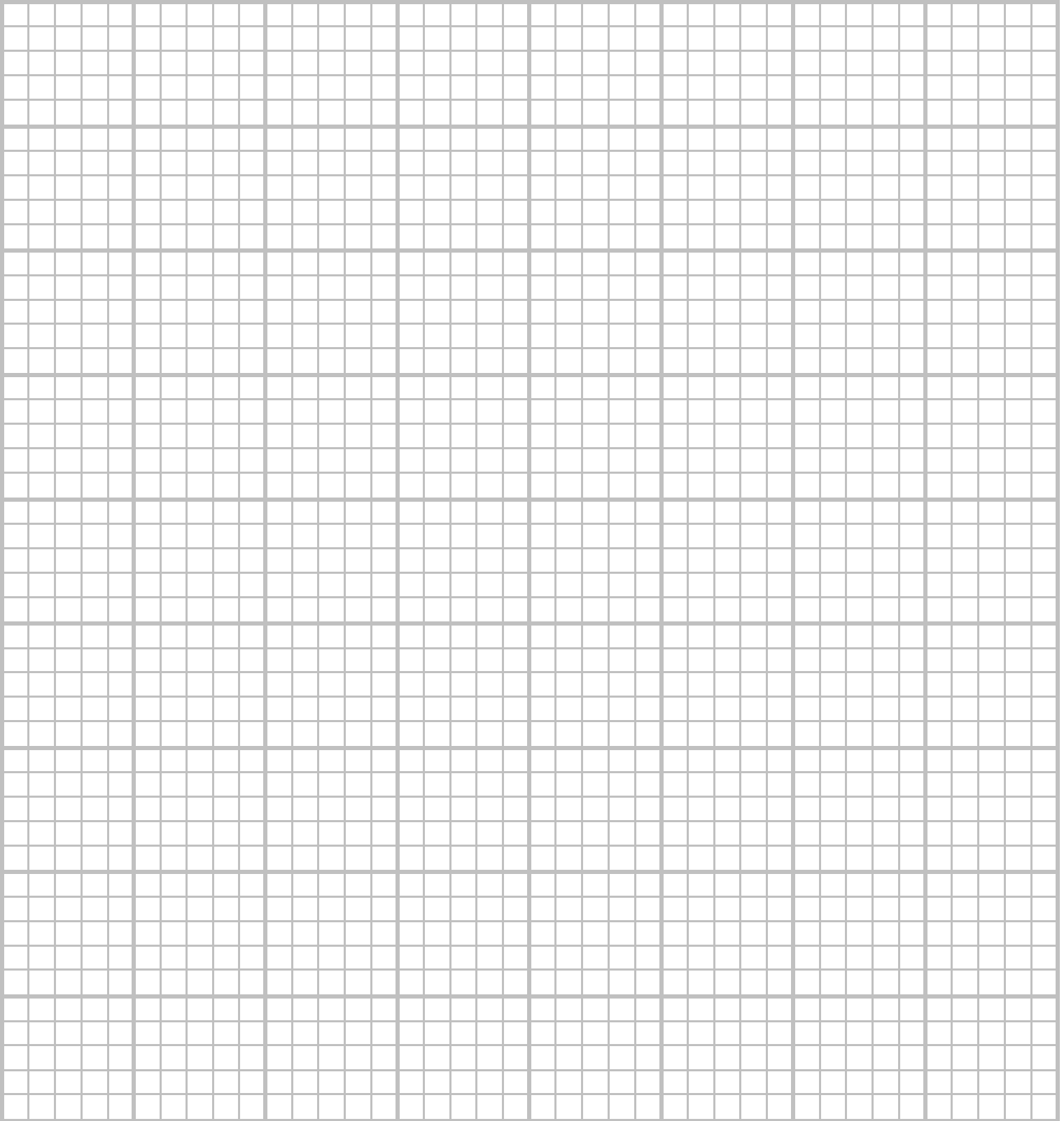
Property Owner: John Doe Address: 100 First Street

Name of Preparer: Jayne Doe Zoning: R-2

THIS PLOT IS TRUE AND ACCURATE:

(Signature of Applicant or Agent) John Doe DATE: \_\_\_\_\_

# SITE PLAN



Property Owner: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_

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

THIS PLOT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

(Signature of Applicant or Agent) \_\_\_\_\_

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