



COMMERCIAL JOINT APPLICATION FOR ZONING/BUILDING PERMITS

Completed permit applications should be submitted to the Administration Office at the Independence City Building.

Do you wish for this application to be processed as a fast track? No Yes (1-1/2 times the normal fee, due with application)

Is this project required to be licensed by the Cabinet for Health and Family Services (CHFS)?

No Yes; License number: _____

County and address of proposed activity: _____ Suite #: _____

Name of strip center or building where the project is located: _____

Business name: _____

Property Identification Number (PIDN): _____ Subdivision: _____ Lot: _____

	Property Owner	Plans By	Contractor/Builder	Applicant
Contact				
Company				
Address				
City				
State				
ZIP Code				
Phone #				
Fax #				
Cell #				
Email				
Occupational License #	N/A	N/A		
Fed Tax ID #	N/A	N/A		

Proposed building activity (Required to be completed):

<input type="checkbox"/> New building	<input type="checkbox"/> Repair/Replacement	<input type="checkbox"/> Fence
<input type="checkbox"/> Addition to building	<input type="checkbox"/> Agriculture / Farm exemption	Type: _____
<input type="checkbox"/> Alteration to building	<input type="checkbox"/> Off-street parking / Unloading facility	Height: _____
<input type="checkbox"/> Demolition of building	<input type="checkbox"/> Change of use or occupancy	<input type="checkbox"/> Pool enclosure?
<input type="checkbox"/> Accessory structure	<input type="checkbox"/> Driveway / Access point	<input type="checkbox"/> Sign
<input type="checkbox"/> Building shell permit	<input type="checkbox"/> Footer / Foundation and site work only	<input type="checkbox"/> New
<input type="checkbox"/> Fire suppression	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Face change
<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Modular building	
<input type="checkbox"/> Other:		

Current use of property: _____

Proposed use of property: _____

Description of construction activity to be performed: _____

Overall estimated cost: \$ _____ Square footage of new project: _____ per floor: _____

Encroachment permit required? No Yes: by which Agency? _____

Type of sewage disposal: Public or centralized On-site (septic tank): Sewer permit number _____

Type of water supply: Public Private (well, cistern)

Is the project located within the floodplain? No Yes: Panel # _____

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

How much land area is being disturbed for the proposed project? _____ acres

Registered Design Professional in responsible charge: _____

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

Existing use of building and/or space information:

Building square feet: _____ Number of stories: _____ Construction type: _____

Square feet per floor: _____ Existing use: _____ Building suppression (sprinkler): Yes No

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 and the burden of proof of its correctness and accuracy is the responsibility of the applicant. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances.

Owner or Authorized Agent (Signature): _____ Date: _____

Owner or Authorized Agent (Please print): _____

----- To be completed by Administrative Official -----

Application #: _____		Date Received: _____			
			App.	App. With Conditions	Disapp.
SIC Code: _____	Zoning fee: _____	Zoning	_____	_____	_____
Zone: _____	Building fee: _____	Building	_____	_____	_____
BOA #: _____	HVAC fee: _____	HVAC	_____	_____	_____
Stage 1/11DP: _____	Other: _____	Permit issued: _____			
	Total: _____	Certificate of Occupancy issued: _____			
Date: _____	Amount paid: _____	Method: _____			
Date: _____	Amount paid: _____	Method: _____			

Signature of Administrative Official: _____