



CITY OF ELSMERE

318 Garvey Avenue, Elsmere KY 41018

RESIDENTIAL 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

RESIDENTIAL 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.
- _____ 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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ADDRESS: _____

SUBCONTRACTOR: _____ PHONE: _____

ADDRESS: _____

PLEASE COPY IF MORE SPACE IS NEEDED

CITY OF ELSMERE

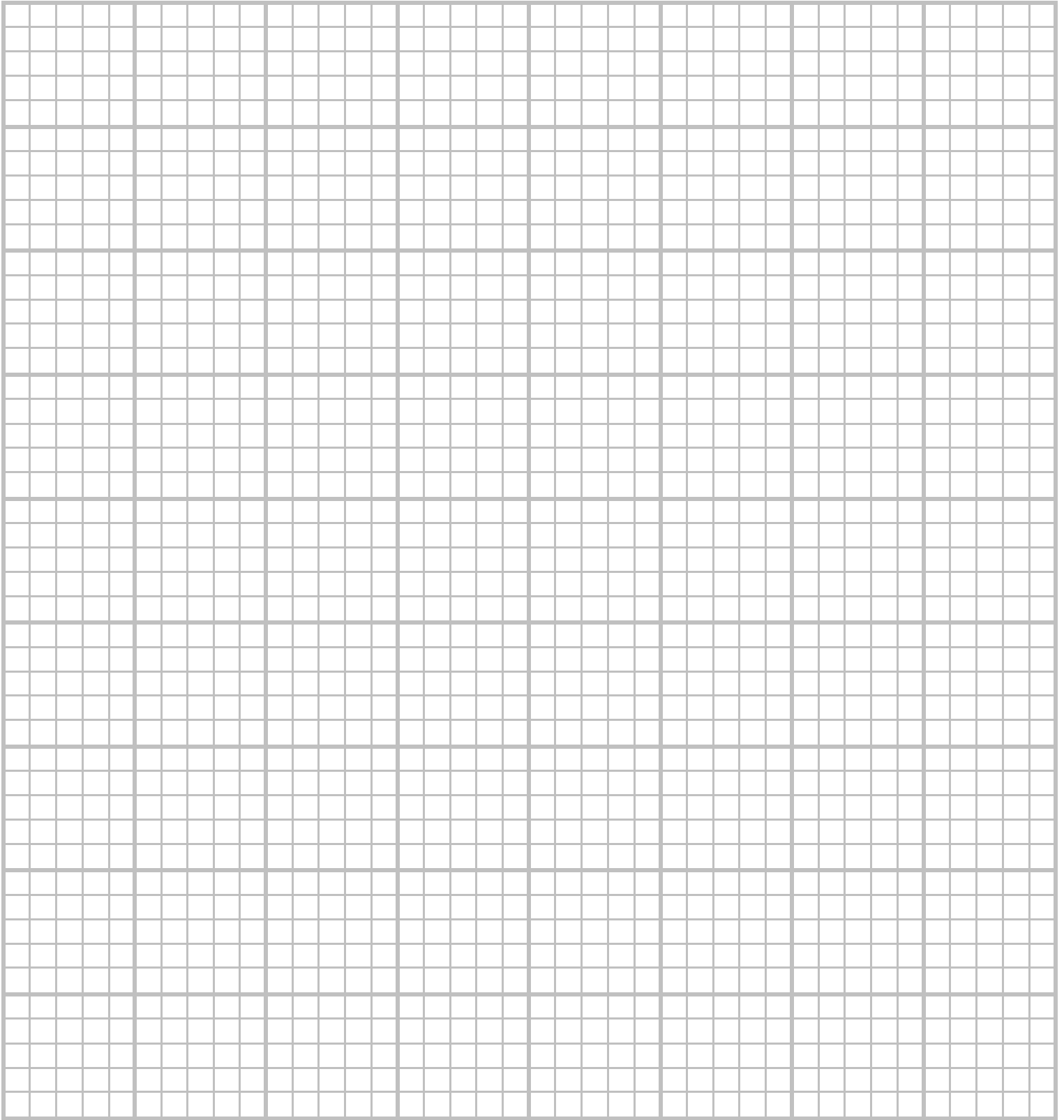
ZONING DEPARTMENT

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.

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: _____