

PERMIT #: _____

DATE: _____

VOID AFTER: _____

CITY OF WILLIAMSBURG
P. O. BOX 119
WILLIAMSBURG, KY 40769
PHONE: (606) 549-6033

APPLICATION FOR:

_____ ZONING PERMIT

_____ CONDITIONAL USE PERMIT

_____ SIGN/BILLBOARD PERMIT

APPLICANT: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

ARCHITECT: _____ ADDRESS: _____

BUILDER: _____ ADDRESS: _____

LOCATION OF PROPERTY: _____

(STREET & NUMBERS, SUBDIVISION AND LOT NUMBER)

Note: Fill in the following information as accurately and completely as possible. In the blank space on Page 2 show a rough sketch indicating dimensions of the lot, location of the street and alleys, shape and dimensions of all existing and proposed buildings, and distances from buildings to lot lines. This application is not acceptable unless all required information is furnished.

CHECK ONE: () New Construction/Residence, Commercial () Alteration/Remodeling, Addition
() Mobile Home () Accessory Bldg./Storage () Double Wide or Modular () Change in Use
() Sign Construction () Demolition () Excavation () Pool

ZONING DISTRICT, IN WHICH PROPERTY IS LOCATED: _____

PROPOSED USE: _____ NO. OF FAMILIES: _____

LOT SIZE: DEPTH: _____ WIDTH: _____ AREA: _____

YARDS IN FT.: FRONT: _____ LEFT SIDE: _____ RIGHT SIDE: _____ REAR: _____
(DISTANCE IN FT. FROM ALL ADJOINING PROPERTY LINES)

NO. OF STORIES: _____ BUILDING/SIGN HEIGHT IN FEET: _____

BUILDING/SIGN DIMENSIONS: _____
(PLEASE ATTACH SKETCH OR PLAN)

ESTIMATED COST: _____ FEE: _____ DATE PAID: _____

In making application for a ZONING Permit/Conditional Use Permit/Sign Permit . . . The applicant states that the information given is, to the best of his/her knowledge, True and Accurate. It is understood and agreed by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his part, such as might, if known, causes a refusal of this application or any alteration or change in plans made without the approval of the Zoning Administrative Official subsequent to the issuance of the ZONING Permit, will constitute sufficient grounds for the revocation of such permit.

DATE: _____ SIGNED: _____
(APPLICANT)

IMPORTANT NOTICE PLEASE READ!! IF YOUR APPLICATION IS FOR ANYTHING OTHER THAN RESIDENTIAL DWELLING.....A STATE BUILDING PERMIT IS REQUIRED! CALL THE ENVIRONMENTAL PUBLIC PROTECTION CABINET AT (502) 573-0373.....BEFORE CONSTRUCTION STARTS!!!

PLEASE PROVIDE SKETCH BELOW OR ATTACH BUILDING PLANS ON BACK SIDE OF THIS SHEET.

ZONING PERMIT _____
CONDITIONAL USE PERMIT _____
SIGN PERMIT _____
REFUSED _____
ISSUED _____

REASON FOR REFUSAL _____

DATE: _____

SIGNED: _____
(Zoning Administrative Official)

CERTIFICATE OF OCCUPANCY

Having inspected the premises above to determine that construction has been undertaken in compliance with the zoning ordinance and other pertinent ordinances, an occupancy permit authorizing use of the building for the purpose listed above is hereby granted.

DATE: _____

SIGNED: _____
(Zoning Administrative Official)

AFFIDAVIT

I, _____ do certify that *all contractors and subcontractors employed, or that will be employed, on any activity covered by the permit such as building, construction, reconstruction, renovation, demolition, or maintenance, shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.*

I understand that if I fail to comply with the assurances required herein, upon such finding by a court of competent jurisdiction, that I shall be fined an amount not to exceed four thousand dollars (\$4,000.00), or an amount equal to the sum of all uninsured and unsatisfied claims brought under the provisions of *KRS Chapter 342* and unemployment insurance claims for which no wages were reported as required by *KRS Chapter 341*, whichever is greater.

STATE OF _____

COUNTY OF _____

Signature

Subscribed and sworn to before me by _____,

this the _____ Day of _____, 20_____.

Notary Public

My commission expires: _____.