

ONE AND TWO FAMILY DWELLING AND TOWNHOMES JOINT APPLICATION FOR ZONING/BUILDING PERMITS

1840 Simon Kenton Way, Suite 3400, Covington, KY, 41011 P) 859-331-8980 F) 859-331-8987 pdskc.org

Do you wish for this application to be pro-	cessed as a fast track? No	\Box Yes (1-1/2 times the normal fee,	due with	application)
County and address of proposed activity:			Suite #:	
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):

New building	Repair/Replacement	🗆 Fence
Addition to building	Agriculture / Farm exemption	Туре:
Alteration to building	Change of use or occupancy	Height:
Demolition of building	Driveway / Access point	Pool enclosure?
Accessory structure	Retaining Wall	🗆 Sign
🗆 Deck	Basement finish	□ New
		Face change
🗆 Other:		Swimming pool
		In ground
		Above ground
		Pool deck?
Current use of property (i.e. single family, t		
Proposed use of property (i.e. single family	, two family etc.):	
Description of construction activity to be p	erformed:	
Total square footage, including basements,		Overall estimated cost: \$

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

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

Is the project located within the floodplain? □ Yes: Panel #				□ No		
				s 🗆 No		
How much land area is b	eing disturbed fo	or the propose	d project?		acres	
Subdivision name:	livision name: Lot number:					
Manufactured home manufacturer:				Modular	home number:	
Encroachment permit required by:		City	County	State		
or energy compliance, you will utilize: PDS Inspectors		tors (Visual)	Certified Third Party Energy Inspectors			
application are based or	n the representat n of proof of its co	ions by the apportectness and	plicant that the subm accuracy is the resp	nitted informa onsibility of th	. All actions taken in conne tion and attachments are e le applicant. The applicant	correct and
Owner or Authorized Ag	ent (Signature):				Date:	
Owner or Authorized Ag		To be coi	mpleted by Administi	rative Official		
Application #:			Date Received:			
				App.	App. With Conditions	Disapp.
SIC Code:	Zoning fe	ee:	Zoning			
Zone:	Building	fee:	Building			
BOA #:	HVAC fee	e:	_ HVAC			
Stage 1/11DP:	Other:		_ Permit iss	ued:		
	Total:		Certificate of Occupancy issued:			
Date:	Amount	paid:		Metho	od:	
Date:	Amount	paid:	Method:			
Signature of Administra	ative Official:					