



CITY OF ALEXANDRIA
8236 WEST MAIN STREET
ALEXANDRIA, KY 41001
(859) 635-4125
FAX (859) 635-4127

APPLICATION FOR ZONING PERMIT

APPLICANT: Property Owner Contractor PERMIT #: _____

PROPERTY LOCATION: _____

PROPERTY OWNER: _____ PHONE #: _____

EMAIL: _____

CONTRACTOR: _____ CONTACT: _____

ADDRESS: _____
Street City ST Zip

PHONE: _____ EMAIL: _____

PROPOSED ZONING ACTIVITY: (Mark all that apply)

- | | | | | |
|------------------|------------|--------------------|-------|---------------|
| New Construction | Alteration | Off-street Parking | Sign | Corner Lot |
| Addition | Demolition | Accessory Building | Fence | Change of Use |
| Other _____ | | | | |

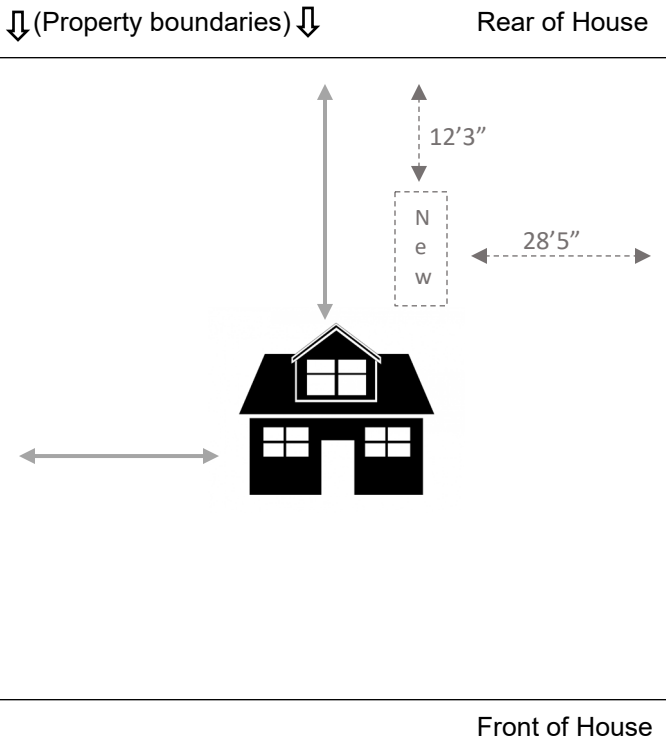
Description: _____ Estimated Cost: _____

- NOTE:** 1) In order to do business in the City of Alexandria, all contractors and subcontractors must have a current Occupational License with Campbell County AND Alexandria.
 2) You are required to complete the attached SUBCONTRACTOR form and return it with the application.
 3) You are required as a contractor, to attach proof of Worker's Compensation Insurance; if you hire subcontractor(s), you are responsible for making sure they have current Worker's Compensation Insurance.

FOR OFFICE USE ONLY

| | |
|------------------------|--|
| Date Received: _____ | Does Contractor have Occupational License? Y _____ N _____ |
| Date Approved: _____ | Approved By: _____ Zoning Fee: _____ |
| Zoning Permit #: _____ | Date C.O. Issued: _____ Other Fee: _____ |
| Notes: _____ | Total Fees: _____ |
| _____ | |

1. Using the below diagram as a reference, in the comments section, please include the following information:
 - a) Include all **existing** and **proposed** structures, including dimensions and height.
 - b) **Indicate Setbacks:**
 - Front yard setback is the distance from the road right-of-way to the proposed addition or existing building.
 - Side & rear setbacks are measured from the proposed structure to the property line.
 - c) **Is this house located on a corner lot? _____**
 - **If so, please indicate the street locations next to the drawing below or in the comments.**
 - d) Locate existing driveway, parking and sidewalk if affected by proposed project.
 - e) A drainage plan of lot, showing general direction of drainage and its relationship to adjacent property.
2. Include a drawing/print of the proposed structure (i.e. fence, pool, shed, etc.)



SETBACK (← →):

A setback is the distance measured from the property line to the nearest point of the proposed improvement. Please mark the setback in "feet" and "inches".

Comments: _____

The above information & attachments are true and accurate to the best of my knowledge.

Date

Signature



8236 West Main Street, Alexandria, KY 41001
Phone: 859-635-4125
Fax: 859-635-4127

COMMERCIAL CHANGE OF USE OR OCCUPANCY

FEE: \$75.00

Project (Business) Name/Description: _____

Project Address: _____

Applicant Name: _____

Address: _____

City: _____ State/Zip : _____

Phone #: _____ Email: _____

Property Owner: _____

Street Address: _____

City: _____ State Zip: _____

Phone #: _____ Email: _____

Prior Business Name: _____

Proposed Business Name: _____

Proposed Activity: (Check all that apply):

- Change in Use (Changing from one type of business to a different type of business)
- Change in Occupancy (Changing in occupancy, but the same type of business)
- Construction and/or remodeling work. (A building permit may be required)

Existing use(s) of building: _____

Proposed use(s) of building: _____

Occupational Tax License # for new business: _____

YOU ARE REQUIRED TO HAVE A FIRE INSPECTION PRIOR TO OPENING BUSINESS.
PLEASE CALL ALEXANDRIA FIRE DEPARTMENT – 859-635-5991

Date

Applicant Signature

.....
(For City Use Only)

Permit. #: _____

Date Received: _____

Approved by: _____

**CITY OF ALEXANDRIA
Sub-Contractors List for**

Address and Lot Number on Application

Please Complete ALL Information

**Current Alex. Occ. Lic. REQUIRED

| PHASE | BUSINESS NAME | ADDRESS | **OCC LIC # | PHONE |
|-------------------|---------------|---------|-------------|-------|
| GEN CONTRACTOR | | | | |
| SUB CONTRACTOR | | | | |
| EXCAVATION | | | | |
| FOOTER/FOUNDATION | | | | |
| FRAMING | | | | |
| INSULATION | | | | |
| HVAC | | | | |
| PLUMBING | | | | |
| ELECTRIC | | | | |
| DRYWALL | | | | |
| CONCRETE | | | | |
| MASONRY | | | | |
| ROOFING | | | | |
| SIDING | | | | |
| GUTTERS | | | | |
| FLOORING | | | | |
| GARAGE DOORS | | | | |
| PAINTING | | | | |
| TILE WORK | | | | |
| DECK | | | | |
| LANDSCAPE | | | | |
| OTHER | | | | |
| OTHER | | | | |

ACCOUNT ID# _____
 C3 20 _____ NEW C2 20 _____
 NAICS CODE _____
 NOTICE# _____
 INITIAL _____ DATE _____

IMPORTANT! ZONING OR OTHER PERMIT MAY BE REQUIRED BEFORE YOU BEGIN BUSINESS ACTIVITY. CONTACT CITY OR COUNTY ON REVERSE AS NEEDED FOR DETERMINATION.

1. Check one: _____ New Application or _____ Adding a city license to account # _____
 2. Check below any city where business is conducted: Make check payable to "Campbell County Fiscal Court"

Total \$ _____ X \$25 Campbell Co _____ \$100 Alexandria _____ \$25 Cold Spring _____ \$25 Fort Thomas
 _____ \$75 Highland Heights _____ \$50 Melbourne _____ \$35 Southgate _____ \$50 Woodlawn

Every business or individual subject to the Campbell County Occupational License Ordinance is required to complete this application and return it to the Campbell County Fiscal Court Occupational License Inspector.

According to an opinion (OAG 85-1) of the Kentucky Attorney General, the responses that you make to questions 4, 5, 6 and 7 below are to be provided to anyone upon request, pursuant to "Kentucky Open Records Law." **WARNING:** Statements in this application shall be made under oath, or by affirmation or by any other legally authorized manner of attesting to the truth of such statement. Any false statements made herein shall be punishable according to law.

3. Check One: Individual / Sole Proprietor (please note on Line 4 if an LLC)
 Partnership (attach a list of general partners names, home addresses & SSN)
 Corporation (attach a list of officers names, home addresses & SSN)
 Non-Profit Organization (attach IRS determination of status)

*READ CAREFULLY
 INSTRUCTIONS ON REVERSE
 TYPE OR PRINT LEGIBLY*

4. Legal Business Name: _____
 5. Trade Name or DBA (if other than #4 above): _____
 6. Brief Description of Business Activity: _____

7. Primary Business Address or Corporate Headquarters:
 No P.O. Box
 Contact Name _____
 Address _____

 City _____ State _____ Zip Code _____
 Telephone () _____

8. Campbell County, Kentucky Business Locations (Record other locations on reverse side):
 No P.O. Box
 Contact Name _____
 Address _____

 City _____ State _____ Zip Code _____
 Telephone () _____

9. Mailing Address for Quarterly Payroll Withholding Forms (Employers Only):
 Contact Name _____
 Address _____

 City _____ State _____ Zip Code _____
 Telephone () _____

10. Mailing Address for Annual Business Return
 Contact Name _____
 Address _____

 City _____ State _____ Zip Code _____
 Telephone () _____

11. Federal ID No. - AND/OR Social Security No. - - (Individual/Sole)

12. Provide the current tax year-end month, if not December (must be the same as "federal"):

13. When did or will you start operating a business in Campbell County (whether inside or outside a city)? Mo Day Yr

14. When did or will you first pay employees for working in Campbell County and Cities? Mo Day Yr I have no employees.

15. Do you or will you use "leased" employees? Yes No If yes, include name, address and phone of leasing agency: _____

16. Do you or will you use independent contractors? Yes No If yes, attach list with name, address and phone number of contractors _____

17. If business was obtained from a previous owner, or a change in the type of organization has occurred:

Give date of acquisition or change. _____

Give name of previous owner or organization. _____

Give former trade name, if any _____

18. Will any part of business activities be performed from your home? Yes No WndwCust _____ CrdtCrd _____ Chk# _____

19. SIGNATURE:

If individual sign your name: _____

If partnership signature of general partner: _____

If corporation signature of corporate officer and title: _____

Printed Name: _____ Title: _____ Date: _____

(For LLC, LLP & Corporations: List ON REVERSE the Names, Addresses and Social Security Numbers of Officers /Partners OR attach separate sheet)

I hereby certify that I am duly authorized to act for the applicant and the statements contained herein are true and complete. Verification will be issued upon processing completed application.
 X _____

For Partnerships, Corporations & S-Corporations: List the Names, Addresses and Social Security Numbers of Officers and Partners (or attach a separate sheet containing the information).

8. Campbell County, Kentucky Business Locations (Continued from #8 on Front Side) Attach additional list as necessary: No P.O. Box

Contact Name: _____ Address _____ City _____ St. ___ Zip _____ Tel. () ___-___

Contact Name: _____ Address _____ City _____ St. ___ Zip _____ Tel. () ___-___

Contact Name: _____ Address _____ City _____ St. ___ Zip _____ Tel. () ___-___

Instructions for Filing the Occupational License Application

General Information: Any business operating in Campbell County, Kentucky is required to complete this occupational license application (ref. Ordinance R-34-78, as amended). Campbell County Fiscal Court serves as the Occupational Tax collection agent for the Cities of Alexandria, Cold Spring, Fort Thomas, Highland Heights, Melbourne, Southgate and Woodlawn, Kentucky. Any business operating in a city is required to obtain an occupational license for that City as well as the County. Contact the Occupational License Office for more information or access our website www.campbellcountky.org/occllic.htm.

Instructions: Any Occupational License Application that is incomplete and/or incorrect will be returned to the applicant. Please be sure to review the Occupational License Application to ensure that all requested information is included. Incomplete License Applications will be returned and this may result in a delay in the processing of the Occupational License. The license application fee is non-refundable.

- 1, 2. The License application fee for Campbell County is \$25. If the business is operating in any city, the fee for Campbell County must also be checked and paid. The fees will be credited against the business' annual tax/fee liability for the tax year. Non-profit organizations are required to complete the license application, but will be **exempted** from the Annual Net Profit License Fee **only** if they attach a copy of the IRS Non-Profit Determination.
3. Check the box that describes the form of business organization. Attach any required documentation to the application.
4. Fill in the complete legal business name of Individual, Partnership, Corporation or Company.
5. Fill in the trade name or the name the company will conduct business under in Campbell County, Kentucky.
6. Give a brief description of business activity (ex: grocery store; drug store; restaurant).
7. Fill in the complete **primary** business address or corporate headquarters address with a contact person. No P.O. Box.
8. Fill in the complete **physical** address of the business location in Campbell County, Kentucky (if applicable). No P.O. Box.
9. Fill in the complete **mailing** address to send **Quarterly Payroll Withholding Forms (for employers only)**.
10. Fill in the complete **mailing** address to send **Annual Occupational Tax Return Forms**.
11. Corporations and Partnerships fill in the business Federal Employer Identification Number, one number to a box. Individuals/Sole Proprietors fill in their Social Security Number, one number to a box.
12. Businesses must indicate the **LAST MONTH** of the corporate fiscal year, if other than December (must be the same as "federal").
13. Enter the date on which the business began or will begin in Campbell County Kentucky (whether within or outside a City corporate limit(s)).
14. Enter the date on which the business paid or will pay employees for work in Campbell County, Kentucky.
15. If the business will use leased or temporary employees, provide the name, address and phone number of the leasing or temporary agency.
16. Check whether business uses independent contractors and list name, address and phone number of the independent contractor(s).
17. Indicate if the business was obtained from another owner or a change in organization occurred and provide information as requested.
18. Indicate whether any part of the business will be performed in a private residence.
19. **SIGNATURE BOX: MUST INCLUDE Signature, Printed name, Title and Date.**
 If the license application is for an individual or sole-proprietor, the individual must sign and date the form.
 If the license application is for a partnership, a general partner must sign and date the form.
 If the license application is for a corporation, a corporate officer must sign, include their title, and date the form.

**Attach a check payable to "Campbell County Fiscal Court" and mail with application and attachments to:
 Campbell County Fiscal Court • Occupational License Dept • PO Box 72958 • Newport, KY 41072**

| City Zoning Department Telephone (ALL AREA CODE 859) | | | |
|--|----------|------------------------------|----------|
| Campbell County Tax Partnership Cities | | Other Campbell County Cities | |
| Alexandria | 635-4125 | Bellevue | 431-8888 |
| Cold Spring | 441-9604 | California | 292-3880 |
| Fort Thomas | 441-1055 | Crestview | 292-3880 |
| Highland Heights | 441-8575 | Dayton | 491-1600 |
| Melbourne | 292-3880 | Mentor | 292-3880 |
| Southgate | 292-3880 | Newport | 292-3637 |
| Woodlawn | 292-3880 | Silver Grove | 292-3880 |
| | | Wilder | 581-8884 |



Electrical Permit Application

CITY OF ALEXANDRIA

8236 West Main Street
Alexandria, Kentucky 41001

Phone: (859) 635-4125
Fax: (859) 635-4127

www.alexandriaky.org

1. Project Located In: Unincorporated Campbell County ***Only at City's Request**
- | | | | | |
|--------------|-------------|------------------|-------------|-----------|
| Alexandria | Bellevue | California | Cold Spring | Crestview |
| Dayton | Ft. Thomas* | Highland Heights | Melbourne | Mentor |
| Silver Grove | Southgate | Wilder* | Woodlawn | |

2. Project Name: _____

3. Project Address: _____

4. PIDN: 999-99-____ - ____ . ____

5. Subdivision: _____ Lot #: _____

6. Property Owner's Name: _____

Address: _____

City State Zip

Phone Number: _____ Email: _____

7. Contractor's Name: _____

Business Name: _____

Ky Electric License #: **ME -** _____ **CE -** _____

Address: _____

City State Zip

Phone Number: _____ Email: _____

Occupational Tax License #: County: _____ City: _____

8. Estimated Cost of Electrical Work Being Performed: \$ _____

9. Type of Structure:

Single Family Home Mobile Home Multi-Family Home Commercial Structure

Detached Garage Pole Barn Shed

Other: _____

10. Type of Work Being Performed:

New Construction New Service Panel Repair Addition

Alteration Other: _____

11. For Electrical Inspections: Contact One of the following State-Certified Electrical Inspectors listed below. The same inspector must perform all inspections on this project.

Electrical Inspection, Inc. (859) 746-9111 Alexandria City Limits must use Electrical Inspection, Inc.
 Inspection Bureau Inc. (513) 381-6080

12. SIGNATURE: I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

No work shall begin until the proper permits have been issued. If work begins prior to issuance of a permit, all fees may be subject to a penalty equal to the total cost of the permit. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances. All fees are nonrefundable.

For all applications, pursuant to KRS 198B.060(10), all Contractors and Sub-Contractors 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 Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

For all work completed by the homeowner, I certify that I am the owner of the above referenced property and that I currently reside at that location, or am constructing the home for use as my personal residence, and that I personally perform all work on the Electric and/or HVAC system. All work shall conform with the Kentucky Residential Code and 815 KAR 8:070. I further state that I have not been issued a Homeowner's Electric and/or HVAC Permit for any location in the State of Kentucky in the last five (5) years.

For all Farm Exempt permits, I attest to the fact that the said property will be used for agricultural purposes on the property. Any barn or accessory structure will not be used or converted to a dwelling, living quarter or non-agricultural commercial space without an approved zoning permit indicating this use.

 Print Name

 License Holder's Signature Date

The following documents are **required** to be submitted with all applications

Homeowner's Insurance Certificate when self-construction

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:

Building: _____

Electric: _____

Current Zone: _____

| FEE | DESCRIPTION | Code |
|-----------|-------------------------|----------------------|
| \$ | Electric Permit | ELECPMT |
| \$ | Other | LATEPEN / CREDITCARD |
| \$ | TOTAL AMOUNT DUE | |

DATE RECD: _____

- Approved
 Approved with conditions
 Denied

Processed By: _____

- Cash
 Check #: _____

Check Name: _____



CAMPBELL
COUNTY | KY

Commercial and Multi Family Building Permit Application

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868
Email: pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:

- | | | | |
|---|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Unincorporated Campbell County | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Ft. Thomas | <input type="checkbox"/> Southgate |
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Crestview | <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Wilder |
| <input type="checkbox"/> Bellevue | <input type="checkbox"/> Dayton | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Woodlawn |
| <input type="checkbox"/> California | | <input type="checkbox"/> Silver Grove | |

2. Project (Business) Name or Description: _____

Project Address: _____

City: _____ State: _____ Zip: _____ PIDN: 999-99- ____ - ____ . ____

3. Applicant: Engineer/Architect Property Owner Contractor

Engineer/Architect: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contractor: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupational Tax License number: _____
County City

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Type of structure: Commercial Industrial Multi-Family

5. Estimated cost of project \$ _____

6. Proposed Activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Range Hood | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Hood Extinguish Sys. | <input type="checkbox"/> Sprinkler Sys. |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Retaining Wall | # of heads: _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Roof Replacement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fire Alarm | |

7. Group Classification (KBC Ch.3) _____ Construction Type (KBC Ch.6) _____

Number of Stories (including basement): _____ Number of units: _____

Building Square Footage: _____ Square Footage of Remodel Area: _____

Occupant load: _____

8. Verification of International Energy Conservation Code:

- Performance: Blower Door Test (by third party)
- Prescriptive: Visual Inspection (by Building/HVAC Inspector)

9. Is this project located in the Floodplain? YES NO

10. Is this project located on a Hillside Slope of 20% or greater? YES NO

11. Is this project located in a Historic District? YES NO

12. ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES
(Notary Required):

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.

As applicant, I assure by this affidavit that all contractors and subcontractors employed or that will be employed, on activity covered by the permit shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.

Applicant's Affidavit Signature

Date

| |
|---|
| <p>----- NOTARY -----</p> <p>The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the _____ day of _____, 20____</p> <p>Notary Public State: _____ Notary ID: _____ My Commission Expires: _____, 20____</p> <p style="text-align: center; font-size: small;">(a notary is available at the PZ office)</p> |
|---|

Note: This Affidavit of Assurances shall be submitted for any project requiring a building permit. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-8601.

ATTACHMENTS (HVAC and Electrical to be submitted separately):

Digital submissions accepted at pzadmin@campbellcountky.gov

- | | | |
|---|--|--|
| <input type="checkbox"/> Three sets of building plans <i>(Four for Alexandria or Bellevue) *</i> | <input type="checkbox"/> List of subcontractors (Names and Addresses) | <input type="checkbox"/> Truss Drawings |
| <input type="checkbox"/> Two sets of site plan <i>(Three for Alexandria or Bellevue) *</i> | <input type="checkbox"/> Certificate of Appropriateness <i>(Historic District)</i> | <input type="checkbox"/> Fire Alarm/Suppression Plans |
| <input type="checkbox"/> Encroachment Permit | <input type="checkbox"/> Permit Fees | <input type="checkbox"/> Range Hood Plans <input type="checkbox"/> Elevator Plans |

**Only one if submitted digitally.*

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

| | | | | | |
|----|---|--------------------------|---------------------|--|-----------------|
| BP | - | \$ _____ Bldg. Permit | \$ _____ Fire Alarm | | Check (#) _____ |
| | | \$ _____ Zoning | \$ _____ Sprinkler | | |
| | | \$ _____ Enchrmt. Permit | \$ _____ Other | | |
| | | \$ _____ Chng of Use | \$ _____ Total | | |
| | | \$ _____ Range Hood | | | |

Date Recd. _____

Fees Recd.

\$ _____ Ext. System

Credit Card

Cash