

# Commercial Change of Use or Occupancy



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

Phone: (859) 292-3880

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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"/> Melbourne    | <input type="checkbox"/> Woodlawn |
| <input type="checkbox"/> Alexandria                     | <input type="checkbox"/> Crestview   | <input type="checkbox"/> Silver Grove |                                   |
| <input type="checkbox"/> Bellevue                       | <input type="checkbox"/> Dayton      | <input type="checkbox"/> Southgate    |                                   |
| <input type="checkbox"/> California                     |                                      |                                       |                                   |

2. Project (Business) Name/ Description: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. PIDN: 999-99-\_\_\_\_ - \_\_\_\_ . \_\_\_\_

4. Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupational Tax License number : \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_

Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

5. Prior Business Name: \_\_\_\_\_

6. Proposed Business Name: \_\_\_\_\_

7. Proposed Activity: (Check all that apply.)

Change in Use: (Changing from one type of business to a different type of business.)

Change in Occupancy: (Same building use, but change in operations)

Construction and/or remodeling work. (A building permit may be required.)

8. Existing use(s) of building: \_\_\_\_\_

9. Proposed use(s) of building: \_\_\_\_\_

10. Square footage of space: \_\_\_\_\_

11. 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

<b>----- NOTARY -----</b>
The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____
Notary Public State: _____
Notary ID: _____
My Commission Expires: _____, 20____
<small>(a notary is available at the PZ office)</small>

*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:**

Two copies of a site plan showing layout of office and any specific changes being made

Occupational Tax License Number for new business (from City and County)  
-call 859-292-3884 to acquire for county

Permit fees (\$75)

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

BP	-	-	Fees Recd.	Date Recd. _____
			\$ _____ Change of Use	<input type="checkbox"/> Credit Card
			\$ _____ Change of Occ.	<input type="checkbox"/> Cash
			\$ _____ Total	<input type="checkbox"/> Check (#) _____



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 \_\_\_\_\_

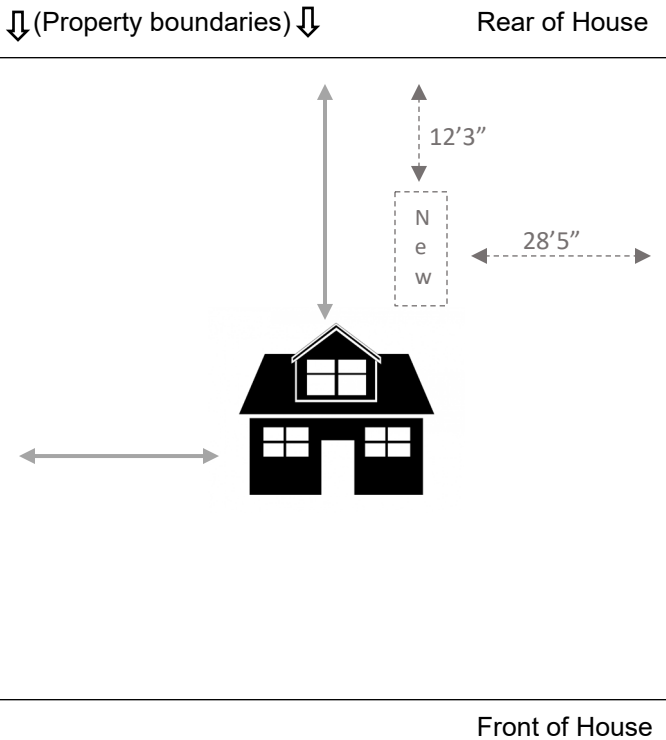
Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Zoning Fee: \_\_\_\_\_

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