



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: _____

Zoning Permit Application

CITY OF ALEXANDRIA

8236 West Main Street
Alexandria, Kentucky 41001

Phone: (859) 635-4125

Fax: (859) 635-4127

Email: forms@alexandriaky.org

www.alexandriaky.org



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
Above Ground Pool	In Ground Pool	Driveway	Patio	Deck
Other _____				

Description: _____ Estimated Cost: _____

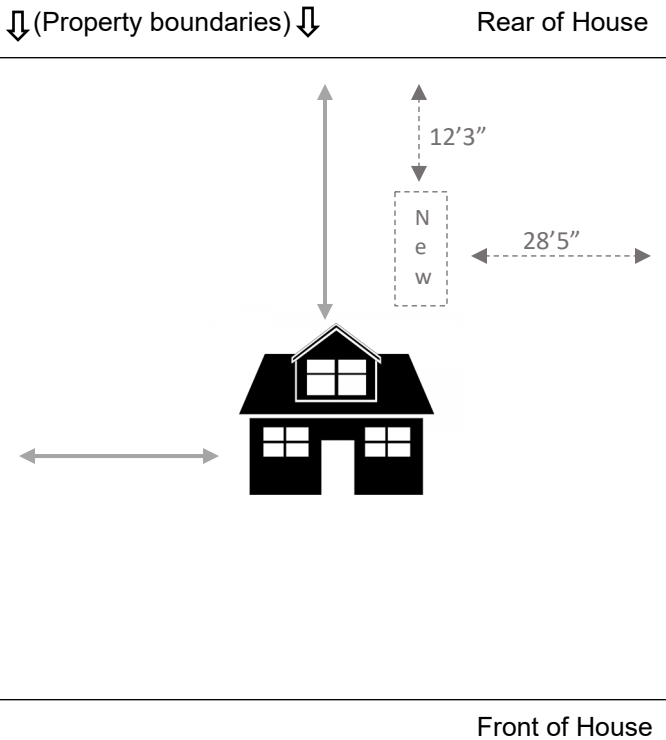
***NOTE: 1) In order to do business in the City of Alexandria, all contractors and subcontractors must have a current Occupational License with Campbell County AND Alexandria.**

2) You are required to complete the attached SUBCONTRACTOR form and return it with the application.

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

**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: 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.
 If individual sign your name: X _____
 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)

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

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:

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.

Applicant's Signature

Date

ATTACHMENTS (HVAC and Electrical to be submitted separately):

Digital submissions accepted at pzadmin@campbellcountyky.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	Fees Recd.	Date Recd. _____
	\$ _____ Bldg. Permit	<input type="checkbox"/> Credit Card
	\$ _____ Zoning	<input type="checkbox"/> Cash
	\$ _____ Enchrmt. Permit	<input type="checkbox"/> Check (#) _____
	\$ _____ Chng of Use	
	\$ _____ Range Hood	
	\$ _____ Ext. System	
	\$ _____ Fire Alarm	
	\$ _____ Sprinkler	
	\$ _____ Other	
	\$ _____ Total	



Electrical Permit Application

CITY OF ALEXANDRIA

8236 West Main Street
Alexandria, Kentucky 41001

Phone: (859) 635-4125
Fax: (859) 635-4127
Email: forms@alexandriaky.org
www.alexandriaky.org

1. Applicant: Property Owner Contractor Permit #: _____

2. Project Address: _____

City: _____ State: _____ Zip: _____

3. PIDN: 999-99-____ - ____ . ____

Contractor: _____ Permit Contact: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Email: _____

<p>License Holder Signature:</p> <p>_____</p> <p>ME: _____ CE: _____</p>

Occupational Tax License number: _____
County _____ City _____

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Type of structure:

Single Family Home	Commercial Structure	Shed
Mobile Home	Detached Garage	Other: _____
Multi-Family Home	Pole Barn	

Is this structure in the Floodplain? Yes No

5. Type of project:

New Construction	Alteration / Repair	Other: _____
New Service Panel	Addition	

Estimated cost \$ _____

6. Electrical Inspection Contact: **Electric Inspection, Inc** **859-746-9111**

<i>FOR OFFICE USE ONLY</i>		
Date Recd: _____	Fees Recd	Payment Method
Processed by: _____	\$ _____ Electric	Credit Card
	\$ _____ Other	Check (#) _____
	\$ _____ Total	Cash
		Pd to Campbell County P&Z