



Zoning Permit Application

City of Frankfort

315 West Second Street, Frankfort, KY 40601
 Phone: (502) 352-2094, Fax: (502)875-8502
 www.frankfort.ky.gov

Planning and Community Development Date: _____ Property Location: _____
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TYPE OF IMPROVEMENTS
<ul style="list-style-type: none"> ○ Fence (7' in height or less) ○ Accessory Storage Building (200 square feet or less) ○ Retaining walls less than 4 feet high ○ Driveway/sidewalk on private property ○ Water tank (only directly on grade and if capacity does not exceed 5,000 gallons) ○ Window awnings (must be supported by exterior wall) ○ Swimming pools (above ground only) ○ Window Replacement ○ Miscellaneous exterior changes within Historic District (no new construction) ○ Temporary Tent ○ Decks – not attached to home; less than 30" in height; 200 square feet or less
DESCRIPTION OF WORK
ESTIMATED COST
APPLICANT
Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
PROPERTY OWNER
Name: _____
Address: _____
City/State/ZIP: _____
Phone: _____
CONTRACTOR
Name: _____
Phone: _____
License No.: _____

REQUIRED SUPPLEMENTAL INFORMATION
<ul style="list-style-type: none"> ○ Diagram of property, showing location and dimensions of the lot (property lines), all existing streets and on site structures, and the location of proposed buildings or improvements ○ Label dimensions, existing, and proposed setbacks for front, side and rear yards ○ \$10 fee, payable to City of Frankfort ○ Projects within Historic District: Consult with staff for additional information required.

SITE PLAN

Owner/applicant attests that they have read and agree that all improvement is limited to the drawn or attached plans, shall meet setbacks shown and the conditions of the approval as shown; any deviations shall require written approval from the City; and owner agrees to complete project within 90 days or permit will expire.

Applicant Signature _____ **Date** _____

NOTE: Final Inspection Required. Call (502) 352-2094 when project complete.

STAFF PERSONNEL ONLY

Zoning District: _____ Zoning Permit No: _____ Fee: _____

Approved [] Denied [] _____
Signature Date

Conditions

Final Inspection

Approved [] Denied [] _____
Signature Date

Notes:

PAID STAMP: