

**SPENCER COUNTY
ZONING COMMISSION**

Phone: 502-477-3218 Fax: 477-3242 P.O. Box 305 - 220 Main Cross Street, Taylorsville KY 40071

Building Permit # _____

Application Date _____

CONSTRUCTION PERMIT APPLICATION

Applicant/Owner: _____ Phone # _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Proposed Building Subdivision: _____ Lot# _____

Property Address: _____ Lot Size/Acreage: _____ acres(s)

Any other structures on property? Yes () No () If yes, specify type: _____

Please choose one:

___ Sign \$25. + \$0.25 above 10 sq.ft. Type: Free Standing, Wall, Projecting or Roof
(circle one)

___ Storage Building ___ Shed or Lean-2 ___ Carport ___ Deck

___ Pool – In-ground, with lockable fence ___ Gazebo ___ Pergola

___ Pool – Above ground, with Lockable Fence - or - Deck w/lockable Gate
(circle one)

___ Other: _____

Square Footage of Plan _____ Construction Cost _____

Property Zone _____ Flood Plain : Yes() No() if yes Map# _____

Setbacks: Front Yard _____ ft, Rear Yard _____ ft, Side Yards _____ ft & _____ ft

Electric Supplier/Company: _____

Plot Plan

A plot plan must be provided with sufficient detail, including but not limited to the following information: lot/tract dimensions, location and dimensions off ALL proposed and existing structures, driveways, easements and distances of ALL structures from front, side, and rear property lines.

() Please check if plot plan is attached.

Disclaimer

(Read carefully and sign below)

I do hereby affirm and agree that I will observe all existing easements whether apparent or not and understand that it is my responsibility to determine the location and extent of any and all easements.

I do hereby affirm and agree that I will determine and comply with any and all private restrictions, covenants, regulations and with the Zoning Ordinance and Subdivision Regulations of Spencer County. I also certify that the setbacks shown on this building/zoning permit application are accurate to the best of my knowledge and that I have done my utmost to determine true and accurate property lines.

I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the Taylorsville-Spencer County Joint Planning and Zoning Commission of any liability to my failure to meet the obligations stated above.

(check one: () Owner () Contractor)

Printed Name

Signature

For Office Use Only

1. ___ Permit Application completed and signed 2. ___ Copy of a plot plan.

Obtaining the signature of the Administrative Official gives Zoning Approval for Construction, permits issued *without* such signature are in violation of the Zoning Regulations.

Zoning Administrative Review date: _____ By: _____

Fee Paid \$ _____ () Check # _____ () Cash

This Fee is to be Paid to the order of: Spencer County Planning & Zoning

() **PERMIT APPROVED**

Subcontractors List for Construction Permit

Today's Date _____

Projected Start Date _____

Builder _____

Phone _(____)_____

Mailing Address _____

Construction Location _____

Please list all subcontractors and suppliers with whom you do business

Grading/Excavating

Name

Address

Gravel/Rock

Name

Address

Concrete Flat Work

Name

Address

Framing

Name

Address

Lumber Supplier

Name

Address

Window & Door Supplier

Name

Address

Siding Installer

Name

Address

Siding Supplier

Name

Address

Roofer

Name

Address

Roofing Material Supplier

Name

Address

Gutter Installer

Name

Address

Gutter Supplier

Name

Address

Electrician

Name

Address

Other

Name

Address

Other

Name

Address

Other

Name

Address

Signature of Individual Submitting Information

Date