

\$25.00 Fee

Date Received: \_\_\_\_\_

Map Number: \_\_\_\_\_

Office Use Only:

Permit Number: \_\_\_\_\_



# Planning and Zoning Commission Zoning Permit

**1. Permit Location**

Permit Address: \_\_\_\_\_

**2. Applicant Information**

Applicant Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Suite/Unit/Apt: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Check all that apply:  Owner  Contractor  Other: \_\_\_\_\_

**3. Contractor Information (If not the Applicant)**

Contractor Business Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Suite/Unit/Apt: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

**4. Project Information:**

General Description of Project/Building: \_\_\_\_\_

New Construction  Change in Use  Alteration  Addition  Demolition

**Building will be:** (This section is required if New Construction or Change in Use)

Residential  Commercial  Other: \_\_\_\_\_

If Residential:  Single Family  Multi-Family: No. of Families: \_\_\_\_\_

Type of Building:  Mobile Home  Non-Traditional Housing  Other

i. If Other, please provide additional information: \_\_\_\_\_

**Building Currently is:** (This section is required if Change in Use, Alteration, Addition, or Demolition)

Residential  Commercial  Other: \_\_\_\_\_

**5. Zoning Information**

Zoning District: \_\_\_\_\_ Type of Lot: (Corner or Interior) \_\_\_\_\_

Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_

Does Lot front on a Public Street?: \_\_\_\_\_ Street Front Footage: \_\_\_\_\_

Side Yard Footage (When facing Structure): Left Side: \_\_\_\_\_ Right Side: \_\_\_\_\_

Setback from Street (Footage): \_\_\_\_\_ Rear of Structure to Lot Line Footage: \_\_\_\_\_

No. of Off Street Parking Spaces: \_\_\_\_\_ No. of Off Street Loading Spaces: \_\_\_\_\_

No. of Families, Dwellings, or Rooms: \_\_\_\_\_ Area Per Family: \_\_\_\_\_

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**6. Construction Requirements and Limitations:**

**Number of Buildings:**

- Will there be more than one Commercial or Residential Building located on this lot?: \_\_\_\_\_
  - If YES the Procedure according to Article 6 of the Planning and Zoning Ordinance must be fulfilled and Signature Line 3 must be signed by the Chairman of the Planning and Zoning Commission after approval.

**Utilities:**

- Will there be Utilities hook ups to this Project?: \_\_\_\_\_
  - If YES what Utilities?:      Water      Sewer      Gas
  - If Utilities are required Signature Lines in Section 2 must be signed by the appropriate representative.

The above information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the building permit, shall constitute sufficient grounds for the revocation of such permit.

I, the Applicant of this Permit, do hereby understand the following:

1. This Permit will be approved when ALL requirements have been met.
2. I, the applicant, cannot begin construction or occupation until ALL requirements have been met.
3. It will be the Applicant's responsibility to meet ALL conditions required of the Planning and Zoning Commission.
4. I must obey ALL applicable sections of the Zoning Ordinance of the Planning and Zoning Commission.
5. The Planning and Zoning Commission may, at its discretion, attach additional conditions to this permit.
6. It is my, my contractor's, or my representative's responsibility to acquire all the required information and signature's applicable to this Permit.
7. The Applicant may administratively appeal any alleged wrongdoing by the Zoning Administrator or the Planning and Zoning Commission to the Board of Adjustments.
8. I have read and understand the rules and regulations set out in the Zoning Ordinance of the City of Morgantown and agree to obey all said regulations.
9. All needed signatures must be completed before submission to the Zoning Administrator.

**Signature Line 1: Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**On this page or on an attached sheet indicate by scale drawing the dimensions of the lot, location of streets and alleys, shape and dimension of all existing and proposed buildings, and distances from buildings to lot lines. This application is not acceptable unless all required information is furnished. Submit and attach a drawing of the building, giving location on lot, dimensions front, sides and rear set offs. If addition to existing structure show additional size, location on lot and set offs. Surveys and/or architectural drawings may be necessary based on the conditions set forth by the Planning and Zoning Commission.**

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**Signature Page**

**Signature Line 2:**

Utilities Representative (If necessary): \_\_\_\_\_ Date: \_\_\_\_\_

**Signature Line 3:**

Planning and Zoning Chairman Signature (If necessary): \_\_\_\_\_ Date: \_\_\_\_\_

Completed original applications and payment may be submitted to:

**City of Morgantown-City Hall**  
117 North Main St  
PO Box 397  
Morgantown, KY 42261

Fax: 270-526-3557

Completed Applications will be conditionally approved or denied by the Zoning Administrator within 2 weeks of receipt. Final Approval will be given by the Planning and Zoning Commission at their next scheduled meeting. Attendance at this meeting is encouraged, but not required.

**Signature Line 4:**

**This application has been:**       Conditionally Approved       Denied

If denied, for the following reasons/specifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Zoning Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Line 5:**

**This application has been:**       Approved       Denied

If denied, for the following reasons/specifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Planning and Zoning Chairman Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_