

**APPLICANT** 

## **CITY OF HORSE CAVE**

OFFICIAL USE ONLY
ZONING LOCATION
CONDITIONAL USE?
APPROVED BY
BOAR- COA REQUIRED?
DATE COA APPROVED
FIRE INSPECTION REQ?
PERMIT FEE
CK#CASH

SUB-CONTRACTORS OR

INDIVIDUAL CONTRACTOR(S):

## APPLICATION FOR ZONING PERMIT

	Name:	INDIVIDUAL CONTRACTOR(S):	
	Address	Business Name: City, St	
	City/ St/Zip		
		Business Name:AddressCity, St	
	GENERAL CONTRACTOR (if used):		
	Name:	Business Name: City, St	
	Address	•	
	City/St/Zip	Business Name:AddressCity, St	
		AddressCity, St	
	A City Occupation License	is required for all Contractors	
Fill in the following information as accurately and completely as possible. On the back of this page or in attached sheets indicate by scale drawing the shape and dimensions of the lot, location of streets and alleys			
	This application is not acceptable unless all required information is furnished.		
	*THIS PERMIT IS NOT A BUILDING, ELECTRICAL, PLUMBING, HVAC, OR HEALTH PERMIT		
	WHICH MAY BE REQUIRED OF THIS PROJECT		
	*Applications for B1 may require approval from the Board of Architectural Review		
1.	Application for: (circle one) Demolition Garage/Carport Use Alteration in Size Planned Development Moving Ot		
2.	Zoning District in which lot is located: R1 R2 B1 B2 B3 I1 I2 Agricultural Conservation		
	Proposed Use & Address (In detail, use separate sheet if necessary)		
		3/	
4.	How big is your lot? Lot Widthft Depth	_ ft Area sf	
5.	How large is the structure to be? Widthft Depthft Areasf Percent of Lot SF (max)		
	Type of Lot (Corner or Interior)  Does Lot From		
	Setback from property line Front(req) Rear(req) Side 1(req) Side 2(req)		
	No. of Off-Street Parking Places (req) No. of Stories Height		
9.	Signs # (separate permit required)		
	Visit <u>www.horsecaveky.com</u> for a copy of the Horse Cave Zoning Ordinance and Regulations as well as		
	Occupational License ar	nd Payroll Tax Ordinance	
	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 Administrative Officer subsequent to the issuance of the zoning permit, shall constitute sufficient grounds for the revocation of such permit.		
	Signed Co	entact Phone	
	Applicant	Date	
	rr		