



HIGHLAND HEIGHTS
176 JOHNS HILL ROAD
HIGHLAND HEIGHTS,
KY 41076

APPLICATION FOR ZONING PERMIT

PHONE (859) 441-8575
FAX (859) 441-8293

APPLICANT: _____

PERMIT#: _____

PROPERTY LOCATION: _____

PHONE NO. _____

EMAIL: _____

CELL NO. _____

PROPOSED ZONING ACTIVITY: (Mark all that apply)

- Checkboxes for: New Construction, Addition, Other, Alteration, Demolition, Off-street Parking, Accessory Building, Sign, Fence, Corner Lot, Change of Use

Description: _____ Estimated Cost: _____

OWNER: _____
NAME ADDRESS CONTACT PHONE #

CITY STATE ZIP

CONTRACTOR: _____
NAME ADDRESS CONTACT PHONE #

NOTE:

- 1) In order to do business in the city, all contractors and sub-contractors must have a current Occupational License with Campbell County AND Highland Heights.
2) You are required to complete the attached SUB-CONTRACTOR form and return it with application.
3) You are required as a contractor, to attach proof of Worker's Compensation Insurance; if you hire sub-contractor(s), you are responsible for making sure they have current Worker's Compensation Insurance.

Indicate the following information on the diagram below, or on a separate attachment:

- a) Show 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 addition 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.
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.

↓(Property boundaries)↓

Rear of House



Front of House

SETBACK (←————→):

A setback is the distance measured from the property line to nearest point of the proposed improvement. Please mark the setback in "feet" and "inches."

THE ABOVE INFORMATION & ATTACHMENTS ARE TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE:

Dated _____ Applicants
Signature _____

Comments: _____

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: _____
