

WILLIAMSTOWN ZONING PERMIT APPLICATION

**CITY OF WILLIAMSTOWN
400 NORTH MAIN STREET
WILLIAMSTOWN, KENTUCKY 41097
(859) 824-6351**

NAME _____

ADDRESS _____

PHONE # _____ **DATE** _____

ADDRESS OF PROPERTY FOR PERMIT _____

PRESENT ZONING OF PROPERTY _____

DIMENSIONS OF PROPERTY (LOT) _____

TOTAL SIZE OR AREA OF PROPERTY _____

INTENDED USE OF PROPERTY _____

MINIMUM SIDE YARD WIDTH _____

DISTANCE OF BUILDING SETBACK _____

REAR YARD DEPTH _____

IS CITY SEWER AVAILABLE? _____

IS PRIVATE SEWER SYSTEM NEEDED? _____

HAS HEALTH DEPT. APPROVED SEWER SYSTEM? _____

ZONING APPROVAL MUST FIRST BE OBTAINED BEFORE THE BUILDING PERMIT PROCESS BEGINS.

Signature of Applicant

Date

APPROVED _____

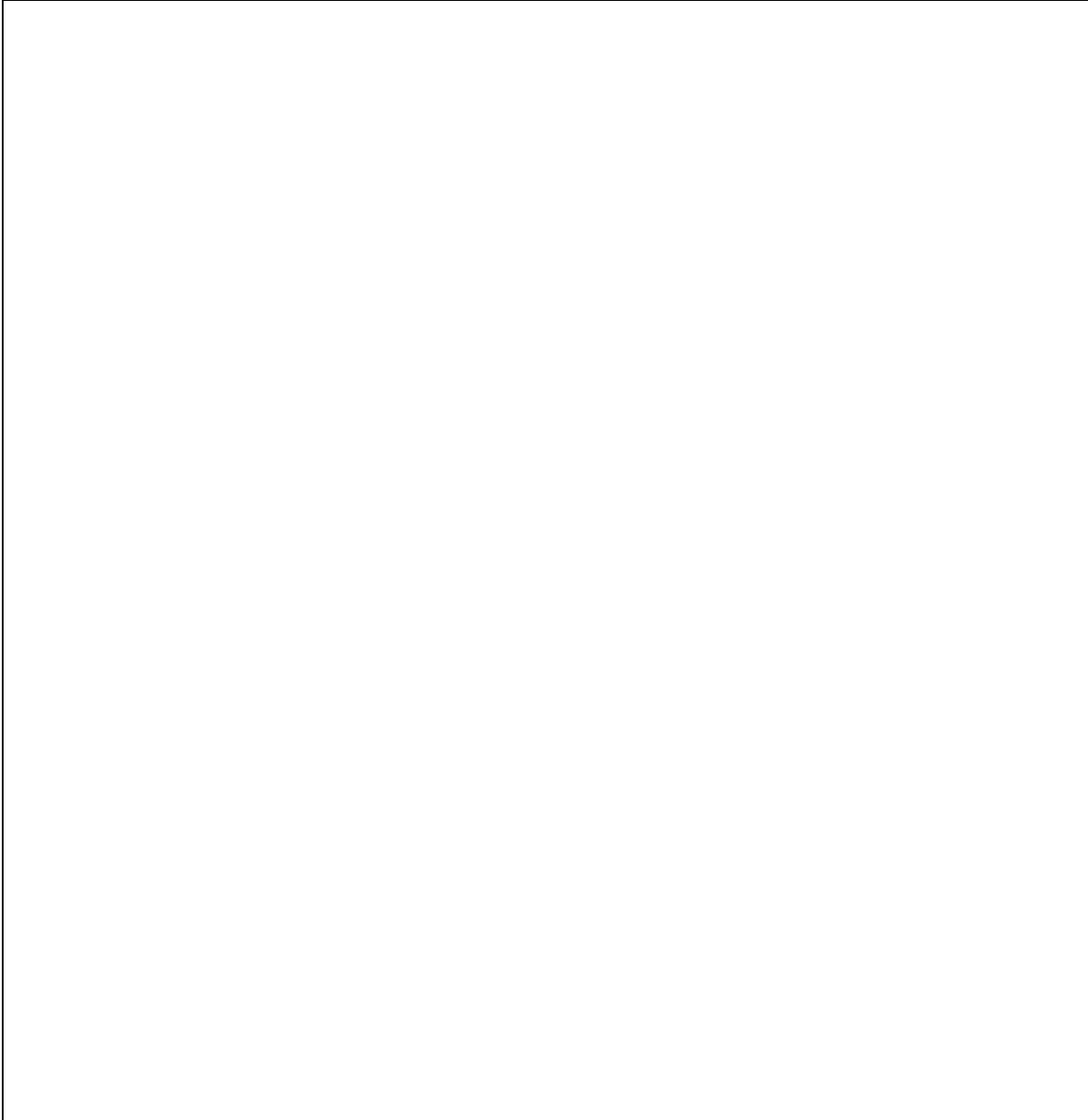
REJECTED _____

Zoning Administrator

Date

COMMENTS _____

Please show measurements from the building to all property lines and street. If there are any other buildings, show them on the diagram along with measurements from them to the property lines and reference them to the main building on the lot.



PROPERTY LINE