Union County Planning Commission P.O. Box 1 Morganfield,Kentucky 42437 270-389-2093

BUILDING PERMIT APPLICATION

Applicant	Permit No. (to be filled by staff only)
Address	Date
	Void After
Applicant's Telephone No.	
Builder	Contractor
Builder Address	Contractor Address
Reason for Application	
Demolition and/or Moving* New Constru	ction* Alterations* Change in Use (Explain)* Other (Explain)*
*	
New Residential Building Remodeling or Alterations Industrial Building New Commercial Building Residential Building Residential Building New Industrial Building Commercial Building Commercial Building	
Location of Property Concerned	Street No Subdivision and Lot No.
Corner Lot Interior Lot Click Here to explore Zoning Maps	
Zone is which property is located	
Lot Width	Existing Use of Property
Lot Depth	Proposed Use
Area (sq. ft.)	Number of Families
Adjoining Lot Owner (Rear)	Off-Street Parking Yes No
Adjoining Lot Owner (Left)	Number of Spaces Handicapped of Spaces
Adjoining Lot Owner (Right)	
	PRIMARY STRUCTURE ACCESSORY STRUCTURE OTHER STRUCTURE
SIZE OF STRUCTURE	
NUMBER OF STORIES	
TYPE OF STRUCTURE	
	FRONT RIGHT FRONT RIGHT RIGHT RIGHT RIGHT
BUILDING SETBACK DISTANCE	
L DRAINAGE PLAN: (Prepared by Licenced Engineer, Morganfie	Id Ordinance #402) ial development, and single family residential development exceeding C=0.6 site runoff coefficient.
1.) CALCULATE AREA OF LOT	2.) MULTIPLY AREA OF PERVIOUS SURFACES BY 0.2
3.) MULTIPLY AREA OF IMPERVIOUS SURFACES (E	
5.) DIVIDE 4 BY 1 AND C=	
STATEMENT OF APPLICANT: I herby declare the following information given is, to the best of my knowledge, true and accurate. It is understood and agree that any error, misstatement, or misrepresentation of face, either with or without intention on my part, such as might, if know, cause a refusal of this application or any alteration or change in plans made without the approval of the Building Inspector subsequent to the issuance of the building permit, shall constitute sufficient grounds for the revocation of such permit. THE APPLICANT IS HEREBY AWARE THAT DEED OR SUBDIVISON RESTRICTIONS MAY EXIST ON THE SUBJECT PROEPRTY WHICH MAY BE MORE RESTRICTIVE THAT THE REQUIREMENTS OF THE <u>MUNICIPAL ZONING ORDINANCE</u> AND ACCEPTS THE RESPONSIBILITY FOR RESEARCHING THOSE DEED OR SUBDIVISION RESTRICTIONS.	
Fee Paid With Application Date	Signed
FOR STAFF USE ONLY Building Permit Approved Date	Zoning Administrator's Signature
Building Permit Refused Date	Reason
	If refused you may appeal to the Board of Zoning Adjustment