



## Planning, Zoning & Building Codes

321 West Main Street  
Frankfort, KY 40601  
Phone: (502) 875-8701  
www.franklincounty.ky.gov

### OFFICE USE ONLY

Application Received: \_\_/\_\_/\_\_

Fee: \$\_\_\_\_\_

Application Approved: \_\_/\_\_/\_\_

## **FRANKLIN COUNTY ZONING PERMIT APPLICATION**

### **Zoning permits are required for the following:**

- Fences
- Accessory Storage Building (200 square feet or less)
- Retaining walls less than 4 feet in height
- Paving (i.e. Driveways/Sidewalks/Patios on private property)
- Swimming Pools (Above Ground Only)
  - Above ground pools 30 inches deep or greater will be required to have a barrier constructed in accordance with Section 155.217 of the Zoning Ordinance.

### **Fee - \$25 (made payable to the Franklin County Treasurer)**

#### **Return Completed Applications To:**

Department of Planning, Zoning and  
Building Codes  
321 W. Main St.  
Frankfort KY, 40601

#### **For Questions Please Contact:**

Tina Peck  
(502) 875-8751  
tina.peck@franklincounty.ky.gov

### **Property Information**

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

### **Applicant Information**

Name of Applicant: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Property Owner (if not applicant):**

Name of Owner: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Contractor (if not applicant):**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License No. \_\_\_\_\_

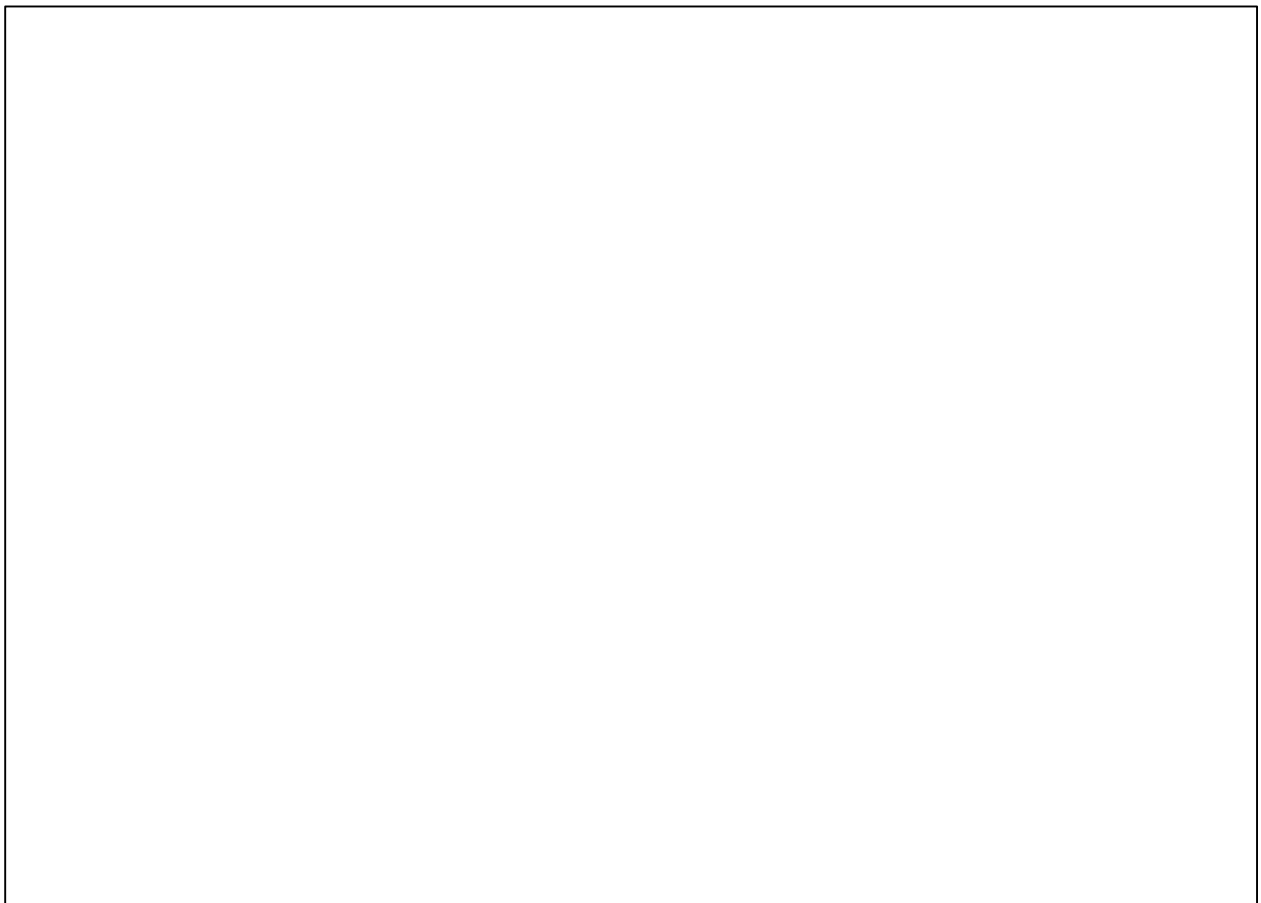
**Type of Improvement**

☐Fence ☐Accessory Building ☐Retaining Wall ☐Paving ☐Swimming Pool (above ground)

**Description:** \_\_\_\_\_

**Site Plan:** (you may use this sheet or attach additional drawings)

- Provide a diagram of the property, showing the location of dimensions of the lot (property lines), all existing streets and structures, and the location of the proposed construction.
- Label dimensions of construction.
- Label existing and proposed setback from all lot lines



**The owner/applicant attests that they have read and agree that work shall be limited to the drawn or attached plan, shall meet the setbacks shown and the conditions of approval as shown. Any deviations shall require written approval from the County and the owner agrees to complete the project within 90 days or the permit will expire.**

**Please note that a final inspection is required. Call (502) 875-8701 when the project is complete.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

PERMIT # \_\_\_\_\_

Zoning District: \_\_\_\_\_

Approved ☐ Denied ☐

Reviewed by: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: (Conditions of Approval, Reason for Denial, Etc.)

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Final inspection:

Inspected by: \_\_\_\_\_

Inspector's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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