

**CITY OF SPRINGFIELD
APPLICATION FOR ZONING PERMIT**

1. DATE : _____

2. NAME & ADDRESS _____

3. TYPE & USE OF STRUCTURE PROPOSED _____

4. FLOOR AREA/SIZE _____

5. ESTIMATED COST _____

6. NAME OF CONTRACTOR _____

***OWNER CERTIFIES THAT CONTRACTOR HAS A VALID CITY LICENSE.**

7. Is this property located in a Flood Zone? _____ (If yes, Please see ordinance No. 97-012 and Ordinance adopted in December 1992 Codified as 330.02.

8. ATTACH WITH APPLICATION: A plan drawn to scale, showing the dimensions of the lot to be built upon, the outside dimensions of all structures to be constructed or altered and all existing structures, the use of all structures, yard depths and any other information necessary for determining conformance with the Zoning Laws of the City.

THE CITY OF SPRINGFIELD IS NOT RESPONSIBLE FOR DETERMINING PROPERTY LINE LOCATIONS.

9. If necessary, the County Health Officer's certificate approving proposed water and sewage facilities must be obtained prior to construction and attached hereto.
NOTE: Signature requirement of the Springfield Water and Sewer Company.

10. A Zoning Permit shall become void twelve (12) months from the date of issuance unless substantial progress has been made by that date on the construction or alteration authorized herein. A Zoning Permit may be renewed by the Enforcement Officer before it becomes void.

11. Your proposal may require a State Certificate from the Kentucky Department of Housing, Building and Construction. Please contact the State prior to construction to see if your proposal shall require State approval @502-573-0373.

12. NOTE: Home Builders performing construction in any subdivision will be required to prevent unnecessary runoff and protect the drainage structures, neighboring properties and infrastructures within the subdivision with proper silt check devices and repair any damage incurred by their construction.

13. NOTE: The CITY OF SPRINGFIELD will review your permit as soon as practical but you shall not begin work on this proposal until you have received an approved permit.

14. The **OWNER** certifies that all contractors have a valid City License.
ZONING PERMIT DISCLAIMER

Please read carefully and sign below:

I do hereby affirm and agree that I will observe all existing easements whether apparent or not and understand that it is my responsibility to determine the location and extent of any and all easements.

I do hereby affirm and agree that I will determine and comply with all applicable requirements and regulations of the City of Springfield Zoning Ordinance, the utility companies that serve the subject property, including but not limited to the Springfield Water and Sewer Commission, the City of Springfield Public Works Dept., and the State of Kentucky including but not limited to the Ky. State Building Code and the requirements of the State Highway Department. I do hereby certify and state, pursuant to KRS 198B.060(10), that all contractors and subcontractors employed or that will be employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements for Worker's Compensation Insurance (KRS Chapter 342) and Unemployment Insurance (KRS Chapter 341).

I do also hereby affirm and agree that I will determine and comply with any subdivision restrictions or regulations, deed restrictions and regulations of the City of Springfield Zoning and Subdivision laws. I also certify that the setback shown on this permit application are accurate to the best of my knowledge and that I have done my utmost to determine true and accurate property boundary lines.

I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the City of Springfield and it's staff, boards and commissions of any liability relating to my failure to meet the obligations stated above.

Signed _____ **Printed Name** _____ **Date** _____

Permit reviewed by the Springfield Water Company for accessibility and location of water and sewer lines.

Signature of Water Company Official _____

OFFICE USE ONLY

- ___ APPROVED ___ DISAPPROVED ___ VARIANCE REQUIRED
1. PERMIT ISSUED ON _____
 2. AMOUNT OF PERMIT FEE (SEE SCHEDULE) _____
 3. PERMIT FEE PAID ON _____
 4. PERMIT FEE ACCEPTED BY _____

_____, Zoning Enforcement Officer