



CITY OF COVINGTON
 638 MADISON AVENUE
 PH: 859-292-2135
 FAX: 859-292-2339

COMMERCIAL ZONING PERMIT

APPLICANT/AGENT FOR BUSINESS

BUSINESS NAME

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

FAX NUMBER

REGARDING PROPERTY LOCATED AT: _____

PARCEL ID NUMBER #

ZONING DISTRICT

PROPERTY OWNER

PLEASE ANSWER THE FOLLOWING TO DESCRIBE YOUR ZONING REQUEST:

1. **Type Or Use Of Business** (please describe what type or use of the business at the location for which a zoning permit is sought; example: office):

2. **A Zoning Permit Requires** (Section 12.10.02) authorization from the property owner of the subject property. In the case that the signature or written authorization or letter of consent of the subject property owner cannot be provided, please provide a copy of the Lease Agreement with this application.

3. **Zoning Permit Fee: \$80.00** (Cash, Check to the City of Covington, Debit, or Credit paid at Finance), required before the Zoning Permit will be reviewed and authorized. By mail, only a Check to the City of Covington will be accepted.

BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS CORRECT:

SIGNATURE OF APPLICANT

DATE OF APPLICATION

SIGNATURE OF PROPERTY OWNER

DATE

DEPARTMENT USE ONLY

Request #: _____ Application Taken By: _____
 Approved: Y N Fee Paid: Y N Building/Zoning Change of Use Req. Y N
 Decision Rendered By: _____

SIGNATURE OF ZONING SPECIALIST

DATE