

CITY OF MADISONVILLE
CHANGE OF USE PERMIT APPLICATION

P.O. Box 705, 67 North Main Street
Madisonville, KY 42431
Phone: (270) 824-2108 Fax: (270) 824-2168

Date _____

Application No. _____

Location/Address _____ City _____ State _____ Zip _____

Previous/Current Use _____ Zoning Classification _____

Proposed Use _____

Owner's Information:	Applicant's Information:
Name _____	Name _____
Phone No. _____	Phone No. _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Contractor's Name _____ Phone No. _____

Contractors Address _____ City _____ State _____ Zip _____

Contractor's Bus. Lic./Acct. No. (City of Madisonville) _____ Contractor's Work. Comp. Ins. Carrier _____

(Proof of Insurance must be provided) Expiration Date _____

I agree as the owner of an authorized agent of the owner, that the above information is, to the best of my knowledge, true and correct. It is understood that any error, misstatement or misrepresentation of fact or any alteration or change in plans made without the Zoning Administrator's approval after issuance of the Change of Use permit, shall constitute sufficient grounds for the revocation of such permit.

Signature

Date

FOR OFFICIAL USE ONLY

Permit Fee _____ Date Paid _____ Received by _____

PVA Map No. _____ Permit Issued _____ Permit Denied _____

Comments/Conditions:

Signed _____
Debbie Todd, Zoning Administrator