

Zoning Permit # _____

County Building Permit # _____

Date Submitted: _____

Date Submitted: _____

Permit Fee: \$150.00



RESIDENTIAL & COMMERCIAL ZONING PERMIT APPLICATION

1009 MAIN ST. BENTON, KY 42025

William York, Planning & Zoning Administrator

270-527-0056 or wyork@cityofbenton.org

All construction within the city limits of Benton requires a permit to ensure the project complies with city ordinances and regulations as well as flood plain regulations.

Property Owner Name & Phone #: _____

Address of Construction: _____

Name of Subdivision, if applicable: _____

Zone of Project: _____ Residential Or Commercial: _____

Building Setback from Property Lines: Front _____ Rear _____ Sides _____ Corner _____

Contractor Name & Main Contact: _____

Address & Phone #: _____

Single Family: _____ Two Family: _____ Townhouse: _____ Basement: _____

Attached Garage: _____ Modular: _____ Other: _____

New Construction: _____ Addition: _____ Renovation: _____

Foundation Only: _____ No. of Stories: _____ Total Sq. Ft. of Project: _____

****Business license is required along with proof of insurance for all contractors and sub-contractors.****

Once a City of Benton zoning permit has been issued, property owners will need to obtain a building permit at Marshall County Courthouse or by contacting Casey Counce at 270-527-4744. Building plans and a copy of the zoning permit are required.

Certifications: *I hereby certify that I am the owner of record on the above-named property or that the proposed work is authorized by the owner of the above-named property to make application as an authorized agent. I agree to conform to all applicable laws of this jurisdiction. If a permit for work described in this application is issued, I certify that the code official(s) or authorized representative shall have the authority to enter areas covered by such permit at any reasonable time to enforce the provisions of the code(s) applicable to such permit. I further certify that the above information is true and accurate.*

Signature of Applicant _____

Date _____

Approved: _____ Denied: _____ Date: _____

Signature of Administrator: _____ Comments: _____