



Home Based Business Permit Application

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

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www.campbellcountyky.gov

1. Project Located In:
☐ Unincorporated Campbell County

<input type="checkbox"/> Bellevue	<input type="checkbox"/> Dayton	<input type="checkbox"/> Southgate
<input type="checkbox"/> Cold Spring	<input type="checkbox"/> Melbourne	<input type="checkbox"/> Woodlawn
<input type="checkbox"/> Crestview	<input type="checkbox"/> Silver Grove	
2. Project Address: _____
City: _____ State: _____ Zip: _____
3. PIDN: 999-99-____ - _____. ____ Zone: _____
4. Type of Business: _____
Business Name: _____
Occupational Tax License number: _____
County City
4. Owner Occupied: ☐ Yes ☐ No
Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Property Owner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
5. Number of employees who DO NOT reside on the property: _____
6. What structure(s) will be used for business activities?
☐ Primary Dwelling: Percentage of Floor area? _____ %
☐ Accessory Structures: How many? _____
7. How will deliveries be received at the property? _____
8. How many off-street parking spaces are available at this site? _____

9. What are anticipated hours of operation? _____AM to _____PM

10. What exterior changes will be made to the property if any?

11. Will there be any on-site signage for this business? ☐Yes ☐No

12. Acknowledgement:

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Planning Commission, Board of Adjustment and/or their authorized agent.

Applicant Signature

Date

Owner Signature (if different from Applicant)

Date

Attachments: *Digital submittals accepted at pzadmin@campbellcountyky.gov*

☐ Two sets of the site plan showing the location and layout of proposed business activity

☐ Fees

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

PZ

Fees Recd.

\$_____Zoning Permit

\$_____Other

\$_____Total

Date Received _____

☐ Credit Card

☐ Cash

☐ Check (#) _____