

# Commercial Change of Use or Occupancy



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

Phone: (859) 292-3880  
Fax: (859) 547-1868  
Email: pzadmin@campbellcountyky.gov

[www.campbellcountyky.gov](http://www.campbellcountyky.gov)

- Project Located In:  
 Unincorporated Campbell County  
 Bellevue       Crestview       Silver Grove  
 California       Dayton       Southgate  
 Cold Spring       Melbourne       Woodlawn
- Project (Business) Name/ Description: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- PIDN: 999-99-\_\_\_\_ - \_\_\_\_ . \_\_\_\_
- Applicant: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Contractor: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Occupational Tax License number : \_\_\_\_\_  
County City  
  
Engineer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- Prior Business Name: \_\_\_\_\_
- Proposed Business Name: \_\_\_\_\_
- Proposed Activity: (Check all that apply.)

Change in Use: (Changing from one type of business to a different type of business.)

- Change in Occupancy: (Same building use, but change in operations)
- Construction and/or remodeling work. (A building permit may be required.)

8. Existing use(s) of building: \_\_\_\_\_
9. Proposed use(s) of building: \_\_\_\_\_
10. Square footage of space: \_\_\_\_\_
11. ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES (Notary Required):

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 Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.

As applicant, I assure by this affidavit, that all contractors and subcontractors employed or that will be employed, on activity covered by the permit shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.

\_\_\_\_\_  
Applicant's Affidavit Signature                      Date

<p><b>----- NOTARY -----</b></p> <p>The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____</p>           <p>Notary Public State: _____  Notary ID: _____  My Commission Expires: _____, 20____</p> <p style="text-align: center; font-size: small;">(a notary is available at the PZ office)</p>
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*Note: This Affidavit of Assurances shall be submitted for any project requiring a building permit. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-8601.*

**ATTACHMENTS:**

- Two copies of a site plan showing layout of office and any specific changes being made
- Occupational Tax License Number for new business (from City and County)  
-call 859-292-3884 to acquire for county
- Permit fees (\$75)

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

BP	-	-	Fees Recd.	Date Recd. _____
			\$ _____ Change of Use	<input type="checkbox"/> Credit Card
			\$ _____ Change of Occ.	<input type="checkbox"/> Cash
			\$ _____ Total	<input type="checkbox"/> Check (#) _____