



**CHANGE OF USE
PERMIT APPLICATION
CITY OF MADISONVILLE**

P.O. BOX 705, 67 NORTH MAIN STREET
MADISONVILLE, KY 42431
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Application No. _____

Date _____

Location/Address _____ City _____ State ____ Zip _____

Previous/Current Use _____ Zoning Classification _____

Proposed Use _____

Owner's Information

Name _____

Phone No. _____

Address _____

City _____ State ____ Zip _____

Email _____

Applicant's Information

Name _____

Phone No _____

Address _____

City _____ State ____ Zip _____

Email _____

Contractor's Name _____ Phone No _____

Contractor's Address _____ City _____ State ____ Zip _____

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

(Proof of Insurance must be provided) Expiration Date _____

I agree as the owner or 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.

Owner/Applicant's 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