



City of Park Hills

APPLICATION FOR AN ACCESSORY BUILDING

Permit No. _____

PROJECT INFORMATION

Project Address: _____ Lot: _____ Zoning _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____ E-Mail _____

Property Owner(s): _____ Phone #: _____

Owner Address: _____ E-Mail _____

CONTRACTOR INFORMATION

Contractor/ Installer: _____ Phone #: _____

Contractor /Installer Address: _____ E-Mail _____

Design Professional: _____ Phone #: _____

DESCRIPTION OF PROJECT

DIMENSIONS	TYPE OF BUILDING	IN CONJUNCTION WITH
Length ____ FT	____ Garage	____ Residential
Width ____ FT	____ Shed	____ Commercial
Height ____ FT	____ Portable Building	____ Industrial
Area ____ SQ FT	____ Portable Carport	____ Other ____
	____ Other ____	

ATTACH OR DRAW ON THE BACK A PLOT PLAN SHOWING THE LOCATION AND DIMENSIONS OF ALL PROPERTY LINES, SETBACKS, UTILITIES, RIGHT-OF-WAYS, EASEMENTS, EXISTING STRUCTURES, PROPOSED STRUCTURES, AND ANY OTHER PERTINENT INFORMATION DEEMED NECESSARY BY THE CODE OFFICIAL

Applicant Signature: _____ Date: _____