

NEW BUSINESS LOCATION APPLICATION

City of Radcliff Planning Department
411 West Lincoln Trail Blvd., P. O. Box 519
Radcliff, KY 40159-0519
270-351-1875



Business Name: _____

Address: _____ Phone Number: _____

Business Owner's Name or Contact Person: _____

Address: _____ Phone Number: _____

Property Owner's Name: _____

Address: _____ Phone Number: _____

Total square feet of building to be used: _____

Type of new use: _____

Previous use or business name at this location: _____

Number of parking spaces provided: _____

Are any changes being made to the building? _____ If yes, explain: _____

When would the building be available for inspection: _____

*All public hearings and communications are advertised in the City's newspaper, The Sentinel

Applicant(s) Signature _____

_____ Date

**FOR OFFICIAL USE ONLY
PLANNING OFFICIAL CLEARANCE**

Zone of Property: _____ Is use allowed in Zone: _____

Are the required number of parking spaces being provided: _____

Are any special conditions/approvals required: _____ If yes, describe: _____

Planning Official: _____ Date: _____

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BUILDING OFFICIAL CLEARANCE**

Is this considered a Change of Use: _____ If yes, from _____ to _____

Does building meet codes for Use: _____ If no, describe: _____

_____ Will permit be required: _____

Building Official: _____ Date: _____