



1025 Capital Center Dr Ste 200 Frankfort, KY 40601 (502)-564-4262 KBC@ky.gov

Planning and Zoning Affidavit

Type of Facility: [ ] Full Service Salon [ ] Nail Salon [ ] Esthetic Salon [ ] Limited Facility [ ] School

Application Type [ ] New [ ] Transfer of Ownership

Transfer of Ownership Only: Previous License Number: \_\_\_\_\_ Date of Closure: \_\_\_\_\_

Location Type: [ ] Residential [ ] Commercial

Name of Facility : \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_
Street Address (Suite Number Included) City State Zip Code

Mailing Address: \_\_\_\_\_
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Legal Name of Owner: \_\_\_\_\_ SS#/Tax# \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_
Street Address City State Zip Code

Legal Name of Manager: \_\_\_\_\_ License # \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Zoning Commissioner/ Building Inspector/ Homeowners Association Representative

I hereby state the above said property meets all requirements of local zoning regulations and/or HOA requirements for a residential business space according to local ordinance.

Print Name Sign Name

Agency or Association Name Title Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_