



Zoning Confirmation Application

Louisville Metro Planning and Design Services

Case No.: _____ Intake Staff: _____

Date: _____ Fee: \$ 25 _____

Once complete, please bring the Confirmation Application to 444 South 5th Street, Suite 300. For more information, call (502) 574-6230 or visit <http://www.louisvilleky.gov/PlanningDesign/applications.htm>.

Project Information:

This is a Zoning Confirmation Application for the following (check one):

- Motor Vehicle Dealer
- Mobile Home Sales
- Salon
- Commercial Daycare
- ABC License
- Tattoo/Body Piercing Facility

Name of Business: _____

Primary Address: _____

Contact Information:

(Business Owner, Applicant, or Authorized Representative)

Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Signature (required): _____