



**Oldham County Planning and Development Services
Zoning Confirmation Request**

<i>For Staff Use Only:</i>		
Date: _____	Staff: _____	Fee: _____ Check or Cash

Application Fee: \$10.00

Applicant: _____	Fax #: _____
Property Address: _____	Subdivision Name _____
Tax Parcel Number: _____	Property Owner (if applicable) _____

ZONING CLASSIFICATION: _____

PERMITTED LAND USE: _____ SECTION: _____

This is to confirm the current zoning classification regarding the subject property. If you need additional information regarding allowable uses, setbacks or other issues, please do not hesitate to contact our office.

_____	_____	_____	_____
OCPZ Staff Name	Date	OCPZ Staff Witness	Date

100 West Jefferson Street ~ LaGrange, Kentucky
Ph: 502-222-1476 Fax: 502-222-3213
www.oldhamcounty.net