

121 South Main Street, Nicholasville, KY 40356 Office: 859-885-6415 Fax: 859-885-9681

For Office Use
Received://
Case No: #
Fee Paid: \$
Check No: #
Receipt No: #

Grading Permit Application

NOTE: This application shall expire six (6) months from the date of issuance in accordance with Section 6.4(a)(3) of the Jessamine County Zoning Ordinance

Worksite Information				
Property Address/Location:				
Lot Size:	Subdivision (if applicable):			Zone:
Parcel ID (from PVA):				
Contact Information				
Contact Information				
Name:				
Phone:		Email:		
Name of Engineer (if applica	ble):			
Phone:		Email:		
Address:				
City:		State:	Zip:	
2. Describe propo	osed handling, storage, a	and replacement o	f topsoil:	
	osed handling of off-sited, describe type, size, an		_	nt plan; if

odplain:		
proved:	ved: Denied:	
i certify that all information contains	For Office Use	st of thy knowledge
Legrify that all information contains	ined in this application is accurate to the be	st of my knowledge
Signature of Engineer (if applications)	able) (Sign & Print Name)	Date
Signature of Owner (Sign & Pri	Date	
Signature of Owner (Sign & Pri	Date	
7. Anticipated Completion Date:		
6. If cut is proposed, attach typica	al sections and describe handling	g of excess material:
	ar sections and describe in mate	
5. If fill is proposed, attach typica	al sections and describe fill mate	rial and placement of fill:
height, materials, and type of c	construction.	
4. If a retaining wall is required,	attach construction details, inclu	umg, but not infinted to: