



CITY OF HENDERSON, KENTUCKY
EXISTING BUILDING VERIFICATION FORM

New Business Owner(s): _____
Last _____ First _____ MI _____

Last _____ First _____ MI _____

Business Address: _____
Street _____

Telephone: _____ / _____
Phone _____ Email _____

Last use permitted in the building: _____

Type of Business proposed at the
location listed above: _____

Name of the organization/business last
located at the address listed above: _____

Current owners of the building listed above: _____
Telephone _____

Address: _____
Street _____

City _____ State _____ Zip _____

I (we) do hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant Signature: _____ Date: _____

Office Use Only:

CURRENT ZONING _____

The proposed business meets the
qualifications for the proposed use: Yes No Other

Comments: _____

If no or other is checked – Notify applicant by mail and attach copy of letter to this form

Code Administrator/Designee: _____
Signature _____ Date _____