

For P&Z Office Use

P + Z Approval: _____

Fee: \$ _____

PVA Parcel _____

Req Setbacks F _____ S _____ R _____

Zoning _____ SFHA/Flood _____

Accessory Bldg. Setback _____



Office of The Building Inspector

Mercer County

Burgin, Harrodsburg, County

109 Short Street

Harrodsburg, KY 40330

Residential Building Permit

Application

For Office Use

Received: ____/____/____

Check No: # _____

Permit No: _____

New Structure: **Addition:** **Interior Remodel:** **Exterior Remodel/Repairs:** **Other:** _____

Fee is \$0.20 per square ft under roof (new) \$0.20 per sq ft Renovations-Occupancy Changes (areas affected). Min \$75.00

PVA Building Info sheet _____ Proof of Ownership _____ Construction Plans/Details _____ Site Plan _____

Have you obtained septic approval or Sewer Tap from the applicable authority? Yes No N/A Attach proof

Have you obtained a driveway permit from the applicable authority? Yes No Existing/Sub-division N/A

Need 911 addressing Yes No N/A

LOCATION/SITE: _____ Subdivision: _____

Homeowner's Name(s): _____ Contractor's Name: _____

Home Address of Owner: _____ Contractor's Address: _____

City/State: _____ City /State _____

Owner's Phone: _____ Contractor's Phone: _____

Owner's Email: _____ Contractor's Email: _____

Building and Mechanical Information

Type of Building: _____

Type of Construction: _____

Const. Cost: \$ _____ **Not including land**

Sewer _____ Septic System _____

Size: Sq. Ft. (Living) _____ NL _____ Total _____

Height: _____ Width: _____ Length: _____

Basement: Full, Finished, Partly/ Crawl space: _____ Stories _____

Bedrooms: _____ Bath: _____

HVAC Type: _____

Retaining Walls over 18" – Yes or No If yes please provide plans to be verified.

Permit

Conditions/Notes: _____

Simple Site Plan

Pursuant to KRS 198B.060(10), applicant states that all contractors and subcontractors employed or that will be employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

I certify that I am the owner or the owner's agent, and the above information is true and correct:

X _____ X _____ Date: _____

Sign and Print name

(BP-01)