

For P&Z Office Use

P + Z Approval: _____

Fee: \$ _____

PVA Parcel _____

Req Setbacks F _____ S _____ R _____

Zoning _____ SFHA/Flood _____



Commercial Building Permit

Application

For Office Use

Received: ___/___/___

Check No: # _____

Permit No: _____

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

Commercial Permit Fees: \$0.26 per square ft includes all areas within building footprint includes all Renovations/Occupancy Changes of use

- **PVA Building Info sheet** _____ **Proof of Ownership** _____ **Construction Plans/Details** _____ **Site Plan** _____
- **CONTRACTOR must provide Insurance COC, City License and be registered with the County Tax Administrator**
- **If New, have you obtained septic approval or Sewer Tap from the applicable authority? Yes No N/A**
Have you obtained a driveway permit from the applicable authority? Yes No Existing/Sub-division N/A
- **Have you confirmed if a State Permit is required also? Yes No**
- **Has Site Plan been Approved? N/A Yes Provide Copy: _____**

LOCATION/SITE: _____

Property Name or Tenant: _____

Properties Owner(s): _____

Address of Owner: _____

Owners City/State: _____

Owner's Phone: _____

Owner's Email: _____

Building and Mechanical Information

Construction Type: _____

USE Group : _____

Occupant Load: _____ SPR/FA Required? _____

Est Cost of Construction: \$ _____

Architect/Project Managers Name: _____ ****Superintendent name If used,** _____

Architect/Project Mang Address: _____ *** Contractors Name:** _____

Architect/Project Mang. City /State _____ *** Contractors address:** _____

Architect/Project Mang Phone: _____ *** Contractors City/St:** _____

Email: _____ *** Contractors Phone:** _____

*** Email:** _____

Permit Condition or Notes: _____

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 _____ Date: _____
 Sign and Print name