

The following documents are **required for all** projects and must be submitted with all applications.

- Two (2) copies of a site plan
- Affidavit of Assurance and Contractor's Occupational Tax License (**Campbell County and the applicable City**)
- Liability Insurance Certificate/Workers Compensation and Unemployment Insurance
OR
Homeowner's Insurance Certificate when self-construction
- List of all subcontractors – name and address
- Permit Fees per current fee schedule

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s: _____

Building: _____

Current Zone: _____

FEE	DESCRIPTION	CODES
\$	Building Permit	See Below
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DEMPER1
DEMPER2

One & Two Family Dwellings
Multi-Family Dwellings; Commercial;
and/or other Non-Residential Uses

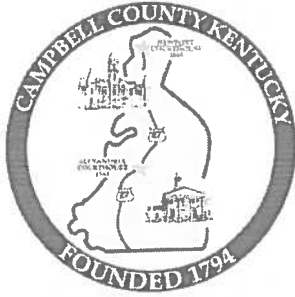
DATE RECD: _____

- Approved
- Approved With Conditions
- Denied

Reviewed By: _____

- Cash
- Check #: _____

Check Name: _____



Affidavit of Assurances

**Campbell County & Municipal
Planning & Zoning Commission**
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

Project Address: _____

Project Name: _____

Here comes the Applicant, _____, and
(Print Applicant Name)
states, pursuant to KRS 198B.060(10), that all Contractors and Sub-Contractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20_____.

Signature of Contractor, Property Owner or Owner's Agent

County of: _____

State of: _____

The foregoing Affidavit of Assurance was acknowledged and sworn before me by _____, Applicant, on the _____ day of _____, 20_____.

Notary Public: _____
Print Name

Signature

Notary of which state: _____ **Notary ID #:** _____

Commission Expiration Date: _____

Occupational Tax License #: County _____ City _____