

Residential Building Application

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

1. Project Located In:

- Unincorporated Campbell County or in the City of:
- Alexandria California Cold Spring Crestview Dayton
- Melbourne Mentor Silver Grove Southgate Woodlawn

2. Project Address: _____

3. PIDN: 999-99-____ - ____ - ____ Zone: _____

4. Subdivision: _____ Lot #: _____

5. Applicant's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

6. Contractor's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

7. Property Owner's Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

8. Proposed Activity: (Check all that apply.)

- New Construction Single Family Dwelling Modular Manufactured
- Remodeling: Addition Other: _____

Describe changes to original structure: _____

9. Number of bedrooms: Before construction: _____ After construction: _____

10. Estimated Cost of Project \$ _____

11. Total Square Footage:

Square Footage includes all living space (bedrooms, bathrooms, kitchens, living rooms, dining rooms, etc.) and usable space (storage space, garage, decks, patio, porch, cistern, entry stoop, etc.) for purposes of residential use of the site.

New Building:	Basement :	_____ Sq. Ft.	Garage:	_____ Sq. Ft.
	1 st Floor :	_____ Sq. Ft.	Porches/Patio/Decks:	_____ Sq. Ft.
	2 nd Floor :	_____ Sq. Ft.	Other Spaces:	_____ Sq. Ft.
Existing Building:	Remodel:	_____ Sq. Ft.	Addition:	_____ Sq. Ft.

12. Floodplain: Is any portion of this project located in the Floodplain? Yes No
13. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater? Yes No
14. Verification of 2009 International Energy Conservation Code:
 Performance: Blower Door Test (by 3rd Party) Prescriptive: Visual Inspection (by Building/HVAC Inspector)
15. **SIGNATURE:** I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

No work shall begin until the proper permits have been issued. If work begins prior to issuance of a permit, all fees may be subject to a penalty equal to the total cost of the permit. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances. All fees are nonrefundable.

Print Name

Applicant Signature Date

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

- Two (2) sets of building plans [Three (3) sets if located within the City of Alexandria.]
- Two (2) copies of a site plan [Three (3) sets if located within the City of Alexandria.]
- Affidavit of Assurance and Contractor's Occupational Tax License Number
- 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

In addition, the following documents (as applicable) are **required for all new construction**.

- Copy of Recorded Deed and Record Plat showing County Clerk's recording stamp
- County or State Road Encroachment Application
- HVAC Contractor Permit Application
- Electric Permit Application

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:
 Zoning: _____
 Building: _____
 Encroachment: _____
 Electric: _____
 HVAC: _____
 Current Zone: _____
 Total Sq. Ft. _____

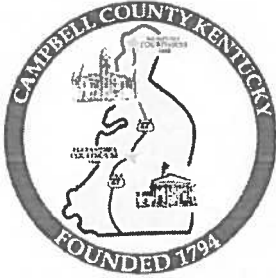
FEE	DESCRIPTION	CODE
\$	Zoning Permit	SINGFAM / MANFHOM
\$	Building Permit	BPNEWC1
\$	Encroachment Permit	ENCRPMT
\$	Certificate of Occupancy	CERTCON
\$	Electric Permit	ELECPMT
\$	HVAC Permit	HVACONE / HVACAD1
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

- Approved
- Approved With Conditions
- Denied

Reviewed By: _____

Cash 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_____.

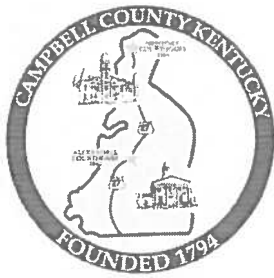
Notary Public: _____
Print Name

Signature

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

Commission Expiration Date: _____

Occupational Tax License #: _____ **County** _____ **City** _____



Encroachment Permit Application

Campbell County Planning & Zoning Department

1098 Monmouth Street, Suite 343

Newport, Kentucky 41071

Phone: (859) 292-3880

Fax: (859) 547-1868

www.campbellcountyky.org

1. Project Located In:

Unincorporated Campbell County

or in the City of:

Alexandria

Bellevue

California

Cold Spring

Crestview

Dayton

Highland Heights

Melbourne

Mentor

Silver Grove

Southgate

Woodlawn

2. Project Address: _____

3. PIDN: 999-99-____ - ____ - ____

4. Property Owner's Name: _____

Address: _____

City

State

Zip

Phone Number: _____

Email: _____

5. Contractor's Name: _____

Address: _____

City

State

Zip

Phone Number: _____

Email: _____

6. Applicant's Name: _____

Address: _____

City

State

Zip

Phone Number: _____

Email: _____

7. Type of Encroachment:

Residential

Commercial

Industrial

Farm

Other: _____

8. Floodplain: Is any portion of this project located in the Floodplain?

Yes

No

9. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater?

Yes

No

10. **SIGNATURE:** I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

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Print Name

Applicant's Signature

Date

The following documents are **required for all** construction projects and must be submitted with the application.

- Two (2) sets of building plans indicating the materials used for creation of the driveway (concrete or asphalt; depth of material; information on subbase; etc.).
- Two (2) copies of site plan showing the shape and dimensions of the lot; the location and dimensions of all existing and proposed buildings or additions to existing buildings; and the location and names of all existing roads; and any right-of-ways and access easements of record.
- Affidavit of Assurance and Contractor's Occupational Tax License Number
- Liability Insurance Certificate / Workers Compensation and Unemployment Insurance
- OR**
- Homeowner's Insurance Certificate when self-construction
- Permit Fees

Section B: To be completed by the Road Department/Public Works Supervisor.

Pipe Size Required (12" Minimum): _____ Pipe Material: _____

Projected Date of Installation: _____

Special Instructions to Applicant: _____

Plan Reviewed By: _____
Road Department/Public Works Supervisor Date

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:
 Building: _____
 Encroachment: _____
 Current Zone: _____

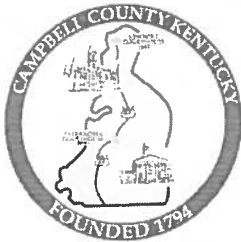
FEE	DESCRIPTION	CODE
\$	Building Permit	BPNEWC1
\$	Encroachment Permit	ENCRPMT
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

- Approved
- Approved With Conditions
- Denied

Reviewed By: _____

Cash Check #: _____ Name: _____



Electrical Permit Application

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

1. Project Located In:

- Unincorporated Campbell County or in the City of:
- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Bellevue | <input type="checkbox"/> California | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Crestview |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Mentor | <input type="checkbox"/> Silver Grove |
| <input type="checkbox"/> Southgate | <input type="checkbox"/> Woodlawn | | | |

2. Project Name: _____

3. Project Address: _____

4. PIDN: 999-99-____ - ____ - ____

5. Subdivision: _____ Lot #: _____

6. **Property Owner's Name:** _____
Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

7. **Contractor's Name:** _____

Business Name: _____

Ky Electric License #: **ME -** _____ **CE -** _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Occupational Tax License #: _____ County: _____ City: _____

8. Estimated Cost of Electrical Work Being Performed: \$ _____

9. Type of Structure:

- Single Family Home Mobile Home Multi-Family Home Commercial Structure
- Detached Garage Pole Barn Shed
- Other: _____

10. Type of Work Being Performed:

- New Construction New Service Panel Repair Addition
- Alteration Other: _____

11. **For Electrical Inspections:** Contact One of the following State-Certified Electrical Inspectors listed below. The same inspector must perform all inspections on this project.

Electrical Inspection, Inc. (859) 746-9111 *City of Alexandria must use Electrical Inspection, Inc.*
Inspection Bureau Inc. (513) 381-6080

Once a final inspection has been obtained by the appropriate electrical inspector, the Building Inspection Department will need to be advised of the completion of the job. If you can take a photo of the approval sticker in the service panel, please email a copy to our office at sturner@campbellcountyky.org. If you are unable to locate this information, contact our office and schedule an inspector to visit your site.

13. **SIGNATURE:** I hereby certify that I am requesting this permit on behalf of all owners of the property and that the information contained in this application and attachments is true and correct and that any misrepresentations or misstatement of facts shall be grounds for denial or revocation of the permit.

No work shall begin until the proper permits have been issued. If work begins prior to issuance of a permit, all fees may be subject to a penalty equal to the total cost of the permit. The applicant is responsible for meeting all requirements of the Kentucky Building Code and local zoning ordinances. All fees are nonrefundable.

We are issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. **It is your responsibility to notify, request and obtain all required inspections.** If for any reason you fail to complete this installation, it shall be your responsibility to notify us immediately.

Print Name

Applicant's Signature Date

The following documents are **required** to be submitted with all applications for **new construction**.

- Two (2) copies of duct layout *[Three (3) sets if located within the City of Alexandria.]*
- Two (2) copies of load calculations *[Three (3) sets if located within the City of Alexandria.]*

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s: _____

Building: _____
HVAC: _____

FEE	DESCRIPTION	CODE
\$	HVAC Permit	See Below
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

- Approved
- Approved with conditions
- Denied

Current Zone: _____

- HVACONE 1-2 Family Dwelling
- HVACAD1 1-2 Family Dwelling additional units
- HVACMUL Multi-Family Dwelling
- HVACMF1 Multi-Family Dwelling additional units

Processed By: _____

- Cash
- Check #: _____

Check Name: _____



CITY OF ALEXANDRIA
8236 WEST MAIN STREET
ALEXANDRIA, KY 41001
(859) 635-4125
FAX (859) 635-4127

APPLICATION FOR ZONING PERMIT

APPLICANT: _____ PERMIT#: _____
PROPERTY LOCATION: _____ PHONE NO. _____
EMAIL: _____ CELL NO. _____

PROPOSED ZONING ACTIVITY: (Mark all that apply)

- | | | | | |
|---|-------------------------------------|---|--------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | <input type="checkbox"/> Off-street Parking | <input type="checkbox"/> Sign | <input type="checkbox"/> Corner Lot |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Fence | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Other _____ | | | | |

Description: _____ Estimated Cost: _____

OWNER: _____
NAME ADDRESS CONTACT PHONE #

DBA: _____

CONTRACTOR: _____
NAME ADDRESS CONTACT PHONE #

NOTE:

- 1) In order to do business in the City of Alexandria, all contractors and sub-contractors must have a current Occupational License with Campbell County AND Alexandria.
- 2) You are required to complete the attached SUB-CONTRACTOR form and return it with application.
- 3) You are required as a contractor, to attach proof of Worker's Compensation Insurance; if you hire sub-contractor(s), you are responsible for making sure they have current Worker's Compensation Insurance.

THE ABOVE INFORMATION & ATTACHMENTS ARE TRUE & ACCURATE TO THE BEST OF MY KNOWLEDGE:

Dated _____ Applicants
Signature _____

Comments: _____

FOR OFFICE USE ONLY

Date Received: _____ Does Contractor have Occupational License? Y _____ N _____

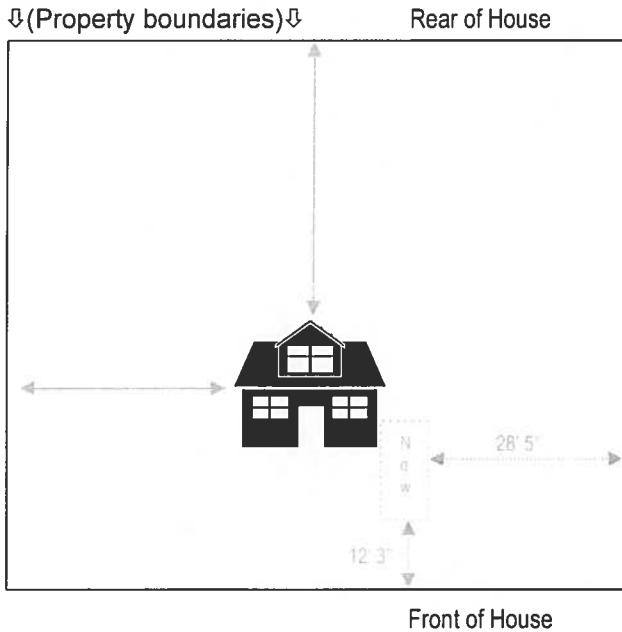
Date Approved: _____ Approved By: _____ Zoning Fee: _____

Zoning Permit # _____ Date C.O. Issued: _____ Other Fee: _____

Notes: _____ Total Fees: _____

Indicate the following information on the diagram below, or on a separate attachment:

- a) Show all **existing** and **proposed** structures including dimensions and height.
- b) **Indicate Setbacks:**
 - Front yard setback is the distance from the road right-of-way, to the proposed addition or existing building.
 - Side & rear setbacks are measured from the proposed addition to the property line.
- c) **Is this house located on a corner lot?** _____
 - **If so, please indicate the street locations next to the drawing below.**
- d) Locate existing driveway, parking and sidewalk if affected by proposed project.
- e) A drainage plan of lot, showing general direction of drainage and its relationship to adjacent property.



SETBACK (← →):

A setback is the distance measured from the property line to nearest point of the proposed improvement. Please mark the setback in "feet" and "inches."

THE ABOVE INFORMATION & ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Dated

Signature

COMMENTS: _____

