

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:
- | | | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> California | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Crestview | <input type="checkbox"/> Dayton |
| <input type="checkbox"/> Melbourne | <input type="checkbox"/> Mentor | <input type="checkbox"/> Silver Grove | <input type="checkbox"/> Southgate | <input type="checkbox"/> 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. Square Footage:

Square Footage includes all living space (bedrooms, bathrooms, kitchens, living rooms, dining rooms, etc.) and usable space (storage space, finished and unfinished basements, garage, decks, patio, porch, cistern, etc.).

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
- 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 showing County Clerk's recording stamp
- County or State Road Encroachment Application
- HVAC Contractor Permit Application
- Electric Permit Application
- Copy of Septic System Construction Permit as issued by the Northern Ky. Health Department

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s:

BP - _____ - _____

FEE	DESCRIPTION
\$	Building Permit
\$	Zoning Permit
\$	Electric Permit
\$	Encroachment Permit
\$	Other
\$	TOTAL AMOUNT DUE

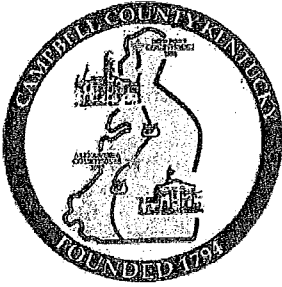
DATE RECD: _____

- Credit Card
- Cash
- Check #

Current Zone: _____

Total Sq. Ft.: _____

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 entity performing the work, _____, and states,
(Print Name)
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 Entity Performing the Work

Occupational Tax License #: _____ County _____ City _____
Campbell County Acct # _____ Project City Acct # _____

For additional information on Occupational Tax Licenses, please call (859) 292-3884.

-----TO BE COMPLETED BY NOTARY-----

County of: _____

State of: _____

The foregoing Affidavit of Assurance was acknowledged and sworn before me by

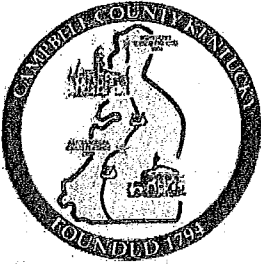
_____, on the _____ day of _____, 20_____.

Notary Public: _____
Print Name

Signature

Notary of which state: _____ Notary ID #: _____

Commission Expiration Date: _____



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:
- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <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 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. Use of Encroachment:

- Residential Commercial Industrial
 Farm Other: _____

8. Type of Encroachment: *The first ten (10') feet of driveways on County maintained roads, must be paved.*

- Concrete Asphalt
 Other: _____

9. Cost of Improvement: \$ _____

10. Floodplain: Is any portion of this project located in the Floodplain? Yes No

11. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater? Yes No

12. 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) copies of site plan indicating the materials used for creation of the driveway (concrete or asphalt); depth of material; information on subbase; etc. and 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
- 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:

BP - _____ - _____

FEE	DESCRIPTION
\$	Encroachment Permit
\$	Other
\$	TOTAL AMOUNT DUE

DATE RECD: _____

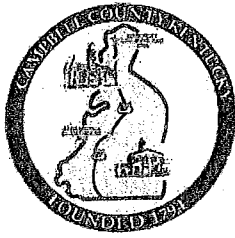
Credit Card

Cash

Check #

Current Zone: _____

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. All project Located In:

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

or for Commercial Projects Only in the City of:

- Bellevue Highland Heights

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 #: _____

Campbell County

Project City

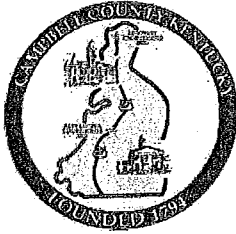
8. Estimated Cost of Electrical Work Being Performed: \$ _____

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: _____



HVAC Application for Residential Dwellings

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 Bellevue California Cold Spring Crestview

 Dayton Highland Heights Melbourne Mentor Silver Grove

 Southgate Wilder Woodlawn

2. Project Address: _____

3. Project (Business) Name: _____

4. PIDN: 999-99-____-____-____-____ (Parcel Identification Number from deed, tax bill, or from PVA's office)

5. Subdivision: _____ Lot #: _____

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

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

7. Contractor's Name: _____

KY Master Name: _____

Ky Master License #: _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

Occupational Tax License #: _____
Campbell County
Project City

8. Check all boxes that apply:

- New Construction Replacement Geothermal System Heat Pump

 Gas Forced Air Other: _____

9. Will any duct be located in an unconditioned area? Yes No

If yes, you will be required to complete Duct Tightness Verification.

10. Estimated Job Cost: \$ _____

11. Total Permit Fee: \$ _____

\$105 for first system (1 Heating Unit Plus 1 Cooling Unit) PLUS \$50 for each additional system Total # of Additional Units: _____

12. Date of Sizing Calculations: _____ Orientation of Structure: _____
 Summer Design Conditions: _____ Winter Design Conditions: _____

Description:	System #1	System #2	System #3	System #4	System #5
Square Footage:					
Heat Gain:					
Heat Loss:					

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

Appropriate Signature Date
The Homeowner if it is their primary residency and they are doing the work themselves or the Contractor holding the Master HVAC License.

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: _____

HVAC - _____ - _____

FEE	DESCRIPTION
\$	HVAC Permit
\$	Other
\$	TOTAL AMOUNT DUE

DATE RECD: _____

Credit Card

Cash

Check #

Current Zone: _____

Total Sq. Ft.: _____

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)

New Construction Alteration Off-street Parking Sign Corner Lot
 Addition Demolition Accessory Building Fence Change of Use
 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 _____

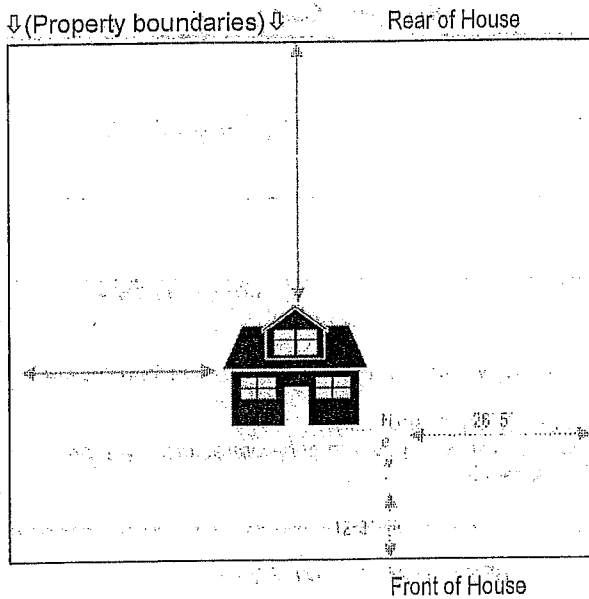
Date Approved: _____ Approved By: _____ Zoning Fee: _____

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: _____

