

**Commercial & Multi-Family 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](http://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. Project (Business) Name: \_\_\_\_\_

4. PIDN: 999-99-\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Zone: \_\_\_\_\_

5. Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

6. Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7. Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

8. Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

9. Engineer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

10. Architect's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

11. Who is the Design Professional (listed above) in Charge?  Engineer  Architect

12. Proposed Activity: (Check all that apply.)  Commercial  Industrial  Multi-family
- New Construction  Remodeling/Tenant Finish  Addition
- Change in Use  Change in Occupancy
- Range Hood  Range Hood Extinguishing System  Other Suppression System
- Fire Suppression  Fire Alarm
- Automatic Sprinkler System: # of Sprinkler Heads: \_\_\_\_\_
- Other: \_\_\_\_\_

13. Estimated Cost of Project \$ \_\_\_\_\_

14. Existing use(s) of building: \_\_\_\_\_

15. Proposed use(s) of Building/Addition/Remodeled Area: \_\_\_\_\_

16. Use Group Classification (KBC Chapter 3): \_\_\_\_\_ Construction Type (KBC Chapter 6): \_\_\_\_\_

17. Total Square Footage: (including storage space, garage, decks, patio, porch, cistern, entry stoop, etc.)

Existing Building: \_\_\_\_\_ Sq. Ft. Addition/Remodeled Area: \_\_\_\_\_ Sq. Ft.

New Building: Lower Level : \_\_\_\_\_ Sq. Ft. 3<sup>rd</sup> Floor: \_\_\_\_\_ Sq. Ft.

1<sup>st</sup> Floor : \_\_\_\_\_ Sq. Ft. 4<sup>th</sup> Floor: \_\_\_\_\_ Sq. Ft.

2<sup>nd</sup> Floor : \_\_\_\_\_ Sq. Ft. Other Spaces: \_\_\_\_\_ Sq. Ft.

# of stories (including basement): \_\_\_\_\_ Is there a basement?  Yes  No

# of units in building: \_\_\_\_\_

18. Occupant load as determined by the Design Professional in Charge: \_\_\_\_\_

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

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

21. Verification of 2012 International Energy Conservation Code:

Performance: Blower Door Test  
(by 3<sup>rd</sup> Party)

Prescriptive: Visual Inspection  
(by Building/HVAC Inspector)

22. SIGNATURE: I hereby certify that I am requesting the permit on behalf of all owners of this 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.

- Three (3) sets of building plans [Four (4) 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 (County and City)
- 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.

- Change of Use / Occupancy Application if applicable
- Copy of Recorded Deed, Record Plat or Approved Subdivision Plan
- County or State Road Encroachment Permit Application
- HVAC Permit Application
- Electric Permit Application

The following Shop Drawings may be submitted for review at a later date, but prior to installation.

- Truss Drawings
- HVAC Plans (including two (2) copies of the duct layout and load calculations)
- Fire Suppression Plans
- Fire Alarm Plans
- Range Hood Plans
- Elevator Plans

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INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

For Commercial Remodels on older structures:

- Copy of Approved Permit Sent to the KY Division of Air Quality.

APPLICATION #'s:

BP - \_\_\_\_\_ - \_\_\_\_\_

Current Zone: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_

FEE	DESCRIPTION
\$	Building Permit
\$	Zoning Permit
\$	Electric Permit
\$	Encroachment Permit
\$	Change of Use/Occupancy
\$	HVAC Permit
\$	Commercial Range Hoods
\$	Range Hood Extinguishing Sys.
\$	Fire Alarm System
\$	Automatic Sprinkler Systems
\$	All Other Suppression Systems
\$	Other
\$	TOTAL AMOUNT DUE

DATE RECD: \_\_\_\_\_

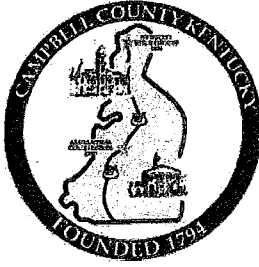
Credit Card

Cash

Check #

Check Name: \_\_\_\_\_





# 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.campbellcountky.org](http://www.campbellcountky.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.

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'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:

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

DATE RECD: \_\_\_\_\_

BP - \_\_\_\_\_ - \_\_\_\_\_

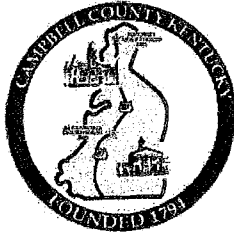
Credit Card

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](http://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: \_\_\_\_\_

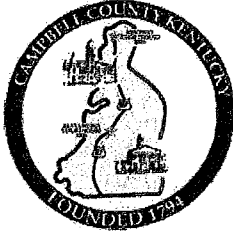
10. Type of Work Being Performed:

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](http://www.campbellcountyky.org)

1. Project Located In:

- |   |   |                                     |                                      |                                       |
|---|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> 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"/> Wilder           | <input type="checkbox"/> 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:

- |   |                                       |  |                                    |
|---|---------------------------------------|--|------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Replacement  | <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Heat Pump |
| <input type="checkbox"/> Gas Forced Air   | <input type="checkbox"/> 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 - \_\_\_\_\_ - \_\_\_\_\_

Current Zone: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_

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

DATE RECD: \_\_\_\_\_

Credit Card

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 \_\_\_\_\_

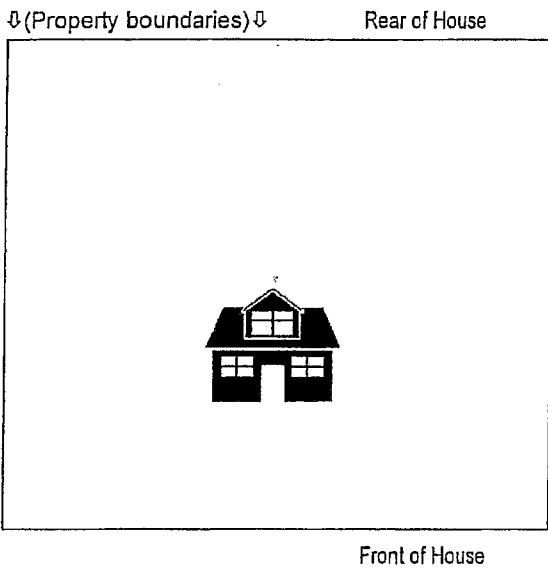
Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Zoning Fee: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_