



5. Type of structure:  Commercial     Industrial     Multi-Family
6. Proposed Activity (*check all that apply*)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Change in use or occupancy | <input type="checkbox"/> Fire Alarm                 |
| <input type="checkbox"/> Remodel          | <input type="checkbox"/> Range Hood                 | <input type="checkbox"/> Fire Suppression           |
| <input type="checkbox"/> Tenant Finish    | <input type="checkbox"/> Range Hood Ext. System     | <input type="checkbox"/> Automatic Sprinkler System |
| <input type="checkbox"/> Addition         | <input type="checkbox"/> Other Suppression System   | <input type="checkbox"/> Other _____                |
7. Estimated cost of project: \_\_\_\_\_
8. Existing use(s): \_\_\_\_\_ Proposed use(s): \_\_\_\_\_
9. Group Classification (KBC Ch.3) \_\_\_\_\_ Construction Type (KBC Ch.6) \_\_\_\_\_  
 Number of Stories (*including basement*): \_\_\_\_\_ Number of units: \_\_\_\_\_  
 Building Square Footage: \_\_\_\_\_ Square Footage of Remodel Area: \_\_\_\_\_  
 Occupant load: \_\_\_\_\_
10. Verification of International Energy Conservation Code:  
 Performance: Blower Door Test (by third party)  
 Prescriptive: Visual Inspection (by Building/HVAC Inspector)
11. Is this project located in the Floodplain?  YES     NO
12. Is this project located on a Hillside Slope of 20% or greater?  YES     NO
13. Is this project located in a Historic District?  YES     NO
14. ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES (Notary Required):

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.

As applicant, I assure by this affidavit, that all contractors and subcontractors employed or that will be employed, on activity covered by the permit shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.

\_\_\_\_\_  
 Applicant's Affidavit Signature                      Date

<p>----- NOTARY -----</p> <p>The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____</p>  <p>Notary Public State: _____          Notary ID: _____          My Commission Expires: _____, 20____</p> <p style="text-align: center; font-size: small;">(a notary is available at the PZ office)</p>
---

*Note: This Affidavit of Assurances shall be submitted for any project requiring a building permit. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-8601.*

ATTACHMENTS (HVAC and Electrical to be submitted separately):

- |   |  |
|---|--|
| <input type="checkbox"/> Three sets of building plans (Four for Alexandria or Bellevue) | <input type="checkbox"/> Encroachment Permit Application |
| <input type="checkbox"/> Two sets of site plan (Three for Alexandria or Bellevue)       | <input type="checkbox"/> Truss Drawings                  |
| <input type="checkbox"/> List of subcontractors with names and addresses                | <input type="checkbox"/> Fire Alarm/Suppression Plans    |
| <input type="checkbox"/> Historic Certificate of Appropriateness                        | <input type="checkbox"/> Range Hood Plans                |
|   | <input type="checkbox"/> Elevator Plans                  |
|   | <input type="checkbox"/> Other: _____                    |
|   | <input type="checkbox"/> Permit Fee                      |

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

BP	-	-	Fees Recd.	Date Recd. _____
			\$_____ Bldg. Permit	<input type="checkbox"/> Credit Card
			\$_____ Zoning Permit	<input type="checkbox"/> Cash
			\$_____ Enchrmt. Permit	<input type="checkbox"/> Check (#) _____
			\$_____ Change of Use	
			\$_____ Range Hoods	
			\$_____ Range Hood Ext.	
			\$_____ Fire Alarm System	
			\$_____ Sprinkler System	
			\$_____ Other	
			\$_____ Total	



9. Acknowledgement:

I hereby certify that I am requesting this review on behalf of all owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Roadway Department, Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

- Two copies of construction plans depicting driveway location, pavement type, culvert details and relevant design details.

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

BP - -	\$ _____ Encroach. Permit	Date Recd. _____
	\$ _____ Other	<input type="checkbox"/> Credit Card
	\$ _____ Total	<input type="checkbox"/> Cash
		<input type="checkbox"/> Check (#) _____

Roadside Pre-permit Inspection Date: ___/___/___    Reviewed by: _____  Ditch Required: <input type="checkbox"/> Yes, Size _____ <input type="checkbox"/> No Culvert Required: <input type="checkbox"/> Yes, Size _____ Material: _____ <input type="checkbox"/> No Connecting bands or gasketed bell required: <input type="checkbox"/> Yes <input type="checkbox"/> No Driveway crowning required: <input type="checkbox"/> Yes <input type="checkbox"/> No Paved apron required: <input type="checkbox"/> Yes, Minimum Length: _____ <input type="checkbox"/> No Paved driveway required: <input type="checkbox"/> Yes, Minimum Length: _____ <input type="checkbox"/> No Additional notes for permit: _____ _____ _____ _____ _____ _____ _____ _____ Inspections required by Roadway Department: <input type="checkbox"/> Pre-fill/install <input type="checkbox"/> Final <input type="checkbox"/> None
---



-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

BP - -

Fees Recd.  
 \$ \_\_\_\_\_ HVAC Permit  
 \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ Total

Date Recd. \_\_\_\_\_  
 Credit Card  
 Cash  
 Check (#) \_\_\_\_\_

Residential: \$105 for first system, \$50 for each additional system

Commercial:

Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee
\$2,000 or less	\$125	\$100,001 to \$150,000	\$630	\$500,001 to \$600,000	\$1,725	\$1,100,001 to \$1,200,000	\$3,050
\$2,001 to \$10,000	\$180	\$150,001 to \$200,000	\$760	\$600,001 to \$700,000	\$1,900	\$1,200,001 to \$1,300,000	\$3,280
\$10,001 to \$25,000	\$270	\$200,001 to \$250,000	\$885	\$700,001 to \$800,000	\$2,125	\$1,300,001 to \$1,400,000	\$3,510
\$25,001 to \$50,000	\$330	\$250,001 to \$300,000	\$1,025	\$800,001 to \$900,000	\$2,355	\$1,400,001 to \$1,500,000	\$3,735
\$50,001 to \$75,000	\$390	\$300,001 to \$400,000	\$1,150	\$900,001 to \$1,000,000	\$2,590	\$1,500,001 to \$1,600,000	\$3,965
\$75,001 to \$100,000	\$500	\$400,001 to \$500,000	\$1,500	\$1,000,001 to \$1,100,000	\$2,820	\$1,600,001 and above	**



# Electrical Permit Application

## CITY OF ALEXANDRIA

8236 West Main Street  
Alexandria, Kentucky 41001

Phone: (859) 635-4125  
Fax: (859) 635-4127

www.alexandriaky.org

1. Project Located In:  Unincorporated Campbell County **\*Only at City's Request**
- |                                       |                                      |   |                                      |                                    |
|---------------------------------------|--------------------------------------|---|--------------------------------------|------------------------------------|
| <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"/> Ft. Thomas* | <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 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:
- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Multi-Family Home | <input type="checkbox"/> Commercial Structure |
| <input type="checkbox"/> Detached Garage    | <input type="checkbox"/> Pole Barn   | <input type="checkbox"/> Shed              |   |
| <input type="checkbox"/> Other: _____       |                                      |  |   |
10. Type of Work Being Performed:
- |   |  |                                 |                                   |
|---|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> New Service Panel | <input type="checkbox"/> Repair | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Alteration       | <input type="checkbox"/> 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 Alexandria City Limits must use Electrical Inspection, Inc.  
 Inspection Bureau Inc. (513) 381-6080

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.

For all applications, pursuant to KRS 198B.060(10), 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).

For all work completed by the homeowner, I certify that I am the owner of the above referenced property and that I currently reside at that location, or am constructing the home for use as my personal residence, and that I personally perform all work on the Electric and/or HVAC system. All work shall conform with the Kentucky Residential Code and 815 KAR 8:070. I further state that I have not been issued a Homeowner's Electric and/or HVAC Permit for any location in the State of Kentucky in the last five (5) years.

For all Farm Exempt permits, I attest to the fact that the said property will be used for agricultural purposes on the property. Any barn or accessory structure will not be used or converted to a dwelling, living quarter or non-agricultural commercial space without an approved zoning permit indicating this use.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 License Holder's Signature Date

The following documents are **required** to be submitted with all applications

- Homeowner's Insurance Certificate when self-construction

\*\*\*\*\*

**INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL**

APPLICATION #'s: \_\_\_\_\_

Building: \_\_\_\_\_

Electric: \_\_\_\_\_

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

FEE	DESCRIPTION	Code
\$	Electric Permit	ELECPMT
\$	Other	LATEPEN / CREDITCARD
\$	<b>TOTAL AMOUNT DUE</b>	

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

- Approved  
 Approved with conditions  
 Denied

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 \_\_\_\_\_

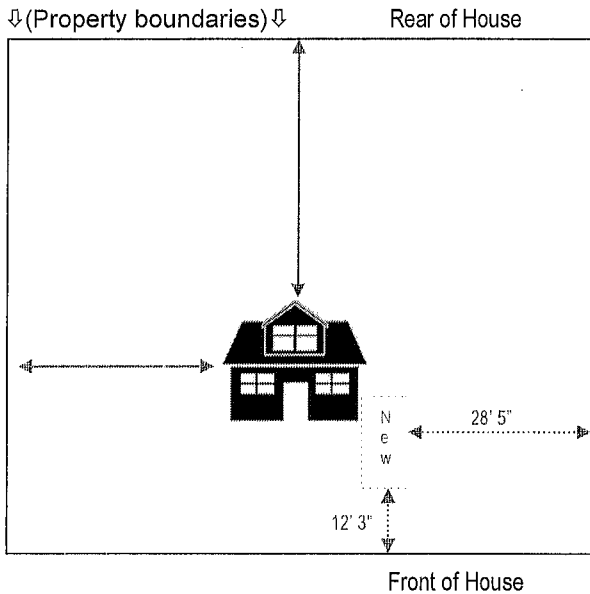
Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_ Zoning Fee: \_\_\_\_\_

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

**CITY OF ALEXANDRIA  
Sub-Contractors List**

PHASE	BUSINESS NAME	ADDRESS	PHONE
GEN CONTRACTOR			
SUB CONTRACTOR			
EXCAVATION			
SEPTIC INSTALL			
FRAMING			
INSULATION			
HVAC			
PLUMBING			
ELECTRIC			
DRYWALL			
CONCRETE			
MASONRY			
ROOFING			
SIDING			
GUTTERS			
FLOORING			
GARAGE DOORS			
PAINTING			
TILE WORK			
DECK			
LANDSCAPE			
DESIGNER			
OTHER			
OTHER			
OTHER			
OTHER			