



CAMPBELL COUNTY | KY

Miscellaneous Building Permit Application

Campbell County Planning, Zoning and Building Inspection
1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

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

www.campbellcountyky.gov

1. Project Located In:
[] Unincorporated Campbell County
[] Alexandria [] Cold Spring [] Ft. Thomas [] Southgate
[] Bellevue [] Crestview [] Highland Heights [] Wilder
[] California [] Dayton [] Melbourne [] Woodlawn
[] Silver Grove

2. Project Description:
Project Address:
City: State: Zip:

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

5. Applicant: [] Property Owner [] Contractor
Contractor: Contact:
Address:
City: State: Zip:
Phone: Email:
Occupational Tax License: County City

Property Owner:
Address:
City: State: Zip:
Phone: Email:

5. Proposed Project:
[] Deck/Patio/Porch - Size: Sq. Ft.
[] Garage - Size: Sq. Ft.
[] Fence:
[] Chain Link [] Solid Privacy [] Picket [] Split Rail/Board [] Other:
Height of Fence: Ft.
[] Driveway/Off-Street Parking/Loading Area -
Size: Sq. Ft. [] Concrete [] Asphalt [] Other:
Curb to be modified [] Yes [] No

Pole Barn/Shed – Size: _____ Sq. Ft.

Pool: Above ground In-ground
Maximum Depth: _____ Ft.

Type of Enclosure: Fence Deck None

Retaining wall

Maximum height of the wall: _____ Ft.

Dirt/Fill above wall Yes No

6. Project includes

Electric: Yes No

HVAC: Yes No

7. Is this project located in the Floodplain? Yes No

Is this project located on a Hillside Slope of 20% or greater? Yes No

Is this project located within a Historic District? Yes No

8. Estimated cost of project: \$ _____

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;"><small>(a notary is available at the PZ office)</small></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.

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

BP - -

Fees Recd.

\$ _____ Building Permit

\$ _____ Zoning Permit

\$ _____ Other

\$ _____ Total

Date Recd. _____

Credit Card

Cash

Check (#) _____



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 _____

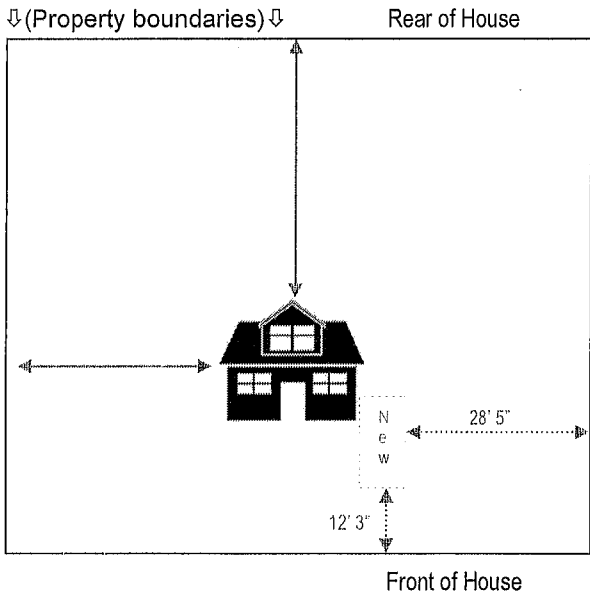
Date Approved: _____ Approved By: _____ Zoning Fee: _____

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 | | | |