

Demolition 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 Address: _____

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

4. Applicant: Property Owner Contractor

5. Contractor's Name: _____

Address: _____

City State Zip

Phone Number: _____ Email: _____

6. Property Owner's Name: _____

Address: _____

City State Zip

Phone Number: _____ Email: _____

7. Type of Structure Being Removed:

- One or Two Family Dwelling Multi-Family Dwelling Mobile Home Detached Garage
 Pole Barn Shed Commercial Building
 Other: _____

8. Utilities – Please contact the local utility companies prior to demolition.

- Sanitary Sewer: Sanitation District #1 Septic System: Northern Ky. Health Department
 Water: Northern Kentucky Water District or Pendleton County Water District Well: Northern Ky. Health Department
 Electric/Gas: Duke Energy or Owen County Electric

9. EPA Clearance Documentation (*Multiple Units or Non-Residential*):

- Yes No If "Yes", contact: Ky. Div. for Air Quality, Florence Regional Office, 8020 Veterans Memorial Drive, Suite 110, Florence, KY 41042; Telephone: (859) 525-4923; Fax: (859) 525-4157

10. 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.

I do hereby attest that an appropriate disposal site has been identified that will accept all waste materials resulting from the demolition project.

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

Print Name

Property Owner Signature

Date

Applicant's Signature

Date

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

- Two (2) copies of a site plan
- Affidavit of Assurance and Contractor's Occupational Tax License (Campbell County and the applicable City)
- List of all subcontractors – name and address
- Permit Fees per current fee schedule

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

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

APPLICATION #'s:

BP - _____ - _____

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

DATE RECD: _____

Credit Card

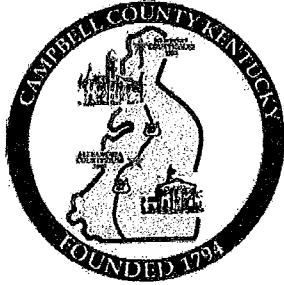
Cash

Check #

Current Zone: _____

Total Sq. Ft.: _____

Check Name: _____



Affidavit of Assurances

**Campbell County & Municipal
Planning & Zoning Commission**
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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: _____

