

9. 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>
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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):

- Two sets of site plan and building plans (Three for Alexandria or Bellevue)
- List of subcontractors (names and addresses)
- Certificate of Appropriateness (Historic District Only)
- Septic Construction Permit (if applicable)
- Encroachment Permit (if applicable)
- Other: _____
- Permit Fee

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

BP - -	Fees Recd. \$_____ Bldg. Permit \$_____ Zoning Permit \$_____ Electric Permit \$_____ Encrmt. Permit \$_____ Other \$_____ Total	Date _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check (#) _____
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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: Yes, Size _____ No

Culvert Required: Yes, Size _____ Material: _____ No

Connecting bands or gasketed bell required: Yes No

Driveway crowning required: Yes No

Paved apron required: Yes, Minimum Length: _____ No

Paved driveway required: Yes, Minimum Length: _____ No

Additional notes for permit:

Inspections required by Roadway Department: Pre-fill/install Final 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
[] Alexandria [] Bellevue [] California [] Cold Spring [] Crestview
[] Dayton [] Ft. Thomas* [] Highland Heights [] Melbourne [] Mentor
[] Silver Grove [] Southgate [] Wilder* [] 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:

- [] 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: _____

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
\$	TOTAL AMOUNT DUE	

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 _____

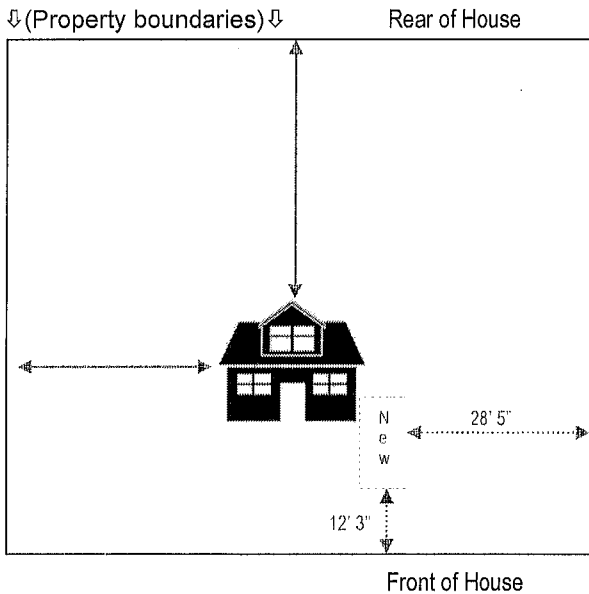
Date Approved: _____ Approved By: _____ Zoning Fee: _____

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			