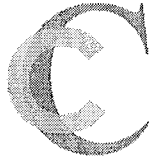


Residential Building Permit Application



CAMPBELL
COUNTY | KY

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 Highland Heights Southgate
 Bellevue Crestview Melbourne Woodlawn
 California Dayton Silver Grove

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

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

4. Applicant: Engineer/Architect 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 Activity: *Check all that apply*
 New Construction Manufactured:
 Remodel Make: _____
 Addition Year: _____ Model: _____
 Modular Value: _____
 Other: Internal Transfer? Yes No

6. Total square footage of project: _____
Number of bedrooms: _____ Number of bathrooms: _____

7. Estimated cost of project: \$ _____

8. 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 in a Historic District? Yes No

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>
--

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 (#) _____
------------	--	---



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 _____

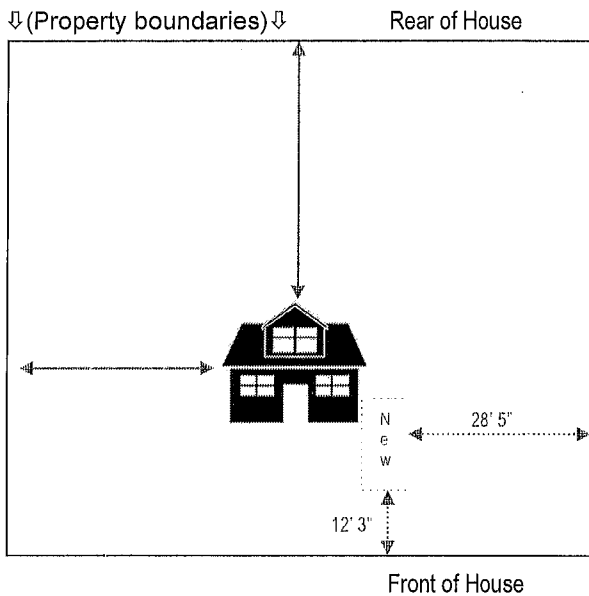
Date Approved: _____ Approved By: _____ Zoning Fee: _____

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			