



Swimming Pool 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:

<input type="checkbox"/> Unincorporated Campbell County	<input type="checkbox"/> Ft. Thomas	<input type="checkbox"/> Southgate
<input type="checkbox"/> Alexandria <input type="checkbox"/> Cold Spring	<input type="checkbox"/> Highland Heights	<input type="checkbox"/> Wilder
<input type="checkbox"/> Bellevue <input type="checkbox"/> Crestview	<input type="checkbox"/> Melbourne	<input type="checkbox"/> Woodlawn
<input type="checkbox"/> California <input type="checkbox"/> Dayton	<input type="checkbox"/> Silver Grove	

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

4. PIDN: 999-99-___ - ___ - ____ . ____

5. Applicant: Contractor Property Owner

 Contractor: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Occupational Tax License number: _____

County
City

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

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

 Type of Enclosure: Fence Deck None
*All pools are required to have a vertical barrier of 48" above grade.
 With an above ground pool, the structural pool wall can act as this barrier.*
 Fence:

 Chain Link Privacy Picket Split Rail/Board Other: _____
 Self-latching gate
 Height of Fence: _____ Ft.

6. Project includes
 Electric: 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; 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:

- Two (2) sets of building plans, including fence/enclosure plans [Three (3) sets if located within the City of Alexandria or Bellevue.]
- Two (2) copies of site plan [Three (3) sets if located within the City of Alexandria or Bellevue.]
- List of all subcontractors – names and addresses

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

BP - -	Fees Recd. \$ _____ Building Permit \$ _____ Zoning Permit \$ _____ Other \$ _____ Total	Date Recd. _____ <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: Property Owner Contractor PERMIT #: _____

PROPERTY LOCATION: _____

PROPERTY OWNER: _____ PHONE #: _____

EMAIL: _____

CONTRACTOR: _____ CONTACT: _____

ADDRESS: _____
Street City ST Zip

PHONE: _____ EMAIL: _____

PROPOSED ZONING ACTIVITY: (Mark all that apply)

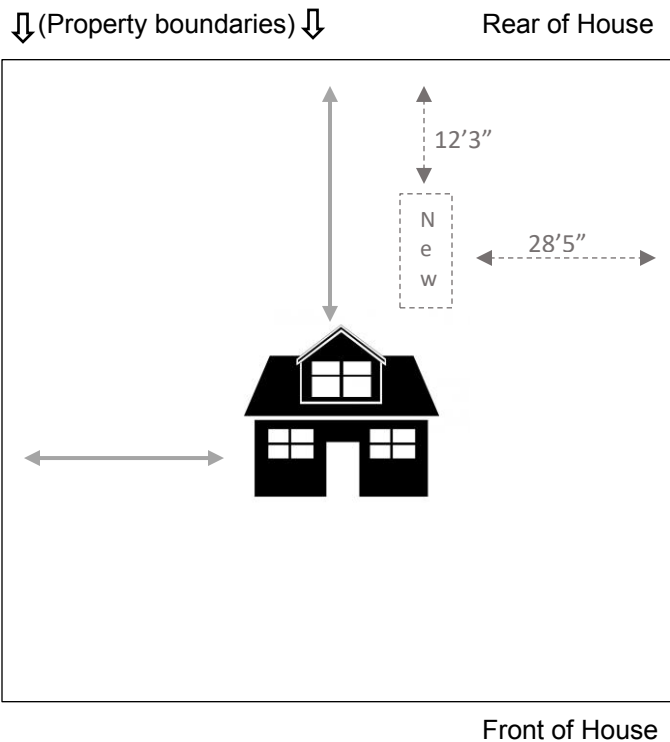
- New Construction
- Addition
- Other _____
- Alteration
- Demolition
- Off-street Parking
- Accessory Building
- Sign
- Fence
- Corner Lot
- Change of Use

Description: _____ Estimated Cost: _____

- NOTE:** 1) In order to do business in the City of Alexandria, all contractors and subcontractors must have a current Occupational License with Campbell County AND Alexandria.
 2) You are required to complete the attached SUBCONTRACTOR form and return it with the application.
 3) You are required as a contractor, to attach proof of Worker's Compensation Insurance; if you hire subcontractor(s), you are responsible for making sure they have current Worker's Compensation Insurance.

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: _____

1. Using the below diagram as a reference, in the comments section, please include the following information:
 - a) Include 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 structure 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 or in the comments.**
 - 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.
2. Include a drawing/print of the proposed structure (i.e fence, pool, shed, etc)



SETBACK (← →):

A setback is the distance measured from the property line to the nearest point of the proposed improvement. Please mark the setback in "feet" and "inches".

Comments: _____

THE ABOVE INFORMATION & ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Date

Signature

**CITY OF ALEXANDRIA
Sub-Contractors List for**

Address and Lot Number on Application

Please Complete ALL Information

****Current Alex. Occ. Lic. REQUIRED**

PHASE	BUSINESS NAME	ADDRESS	**OCC LIC #	PHONE
GEN CONTRACTOR				
SUB CONTRACTOR				
EXCAVATION				
FOOTER/FOUNDATION				
FRAMING				
INSULATION				
HVAC				
PLUMBING				
ELECTRIC				
DRYWALL				
CONCRETE				
MASONRY				
ROOFING				
SIDING				
GUTTERS				
FLOORING				
GARAGE DOORS				
PAINTING				
TILE WORK				
DECK				
LANDSCAPE				
OTHER				
OTHER				