



CAMPBELL
COUNTY | KY

Commercial and Multi Family 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
Email: pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:

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

2. Project (Business) Name or Description: _____

Project Address: _____

City: _____ State: _____ Zip: _____ PIDN: 999-99- ____ - ____ . ____

3. Applicant: Engineer/Architect Property Owner Contractor

Engineer/Architect: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Contractor: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupational Tax License number: _____
County City

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

4. Type of structure: Commercial Industrial Multi-Family

5. Estimated cost of project \$ _____

6. Proposed Activity:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Range Hood | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Remodel | <input type="checkbox"/> Hood Extinguish Sys. | <input type="checkbox"/> Sprinkler Sys. |
| <input type="checkbox"/> Tenant Finish | <input type="checkbox"/> Retaining Wall | # of heads: _____ |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Roof Replacement | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Fire Alarm | |

7. Group Classification (KBC Ch.3) _____ Construction Type (KBC Ch.6) _____

Number of Stories (including basement): _____ Number of units: _____

Building Square Footage: _____ Square Footage of Remodel Area: _____

Occupant load: _____

8. Verification of International Energy Conservation Code:

- Performance: Blower Door Test (by third party)
- Prescriptive: Visual Inspection (by Building/HVAC Inspector)

9. Is this project located in the Floodplain? YES NO

10. Is this project located on a Hillside Slope of 20% or greater? YES NO

11. Is this project located in a Historic District? YES NO

12. 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):

Digital submissions accepted at pzadmin@campbellcountky.gov

- | | | |
|---|--|--|
| <input type="checkbox"/> Three sets of building plans
<i>(Four for Alexandria or Bellevue) *</i> | <input type="checkbox"/> List of subcontractors (Names and Addresses) | <input type="checkbox"/> Truss Drawings |
| <input type="checkbox"/> Two sets of site plan <i>(Three for Alexandria or Bellevue) *</i> | <input type="checkbox"/> Certificate of Appropriateness <i>(Historic District)</i> | <input type="checkbox"/> Fire Alarm/Suppression Plans |
| <input type="checkbox"/> Encroachment Permit | <input type="checkbox"/> Permit Fees | <input type="checkbox"/> Range Hood Plans
<input type="checkbox"/> Elevator Plans |

**Only one if submitted digitally.*

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

BP	-	\$ _____ Bldg. Permit	\$ _____ Fire Alarm		Check (#) _____
		\$ _____ Zoning	\$ _____ Sprinkler		
		\$ _____ Enchrmt. Permit	\$ _____ Other		
		\$ _____ Chng of Use	\$ _____ Total		
		\$ _____ Range Hood			

Date Recd. _____

Fees Recd.

\$ _____ Ext. System

Credit Card

Cash



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:

FEE	DESCRIPTION	Code
\$	Electric Permit	ELECPMT
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

Building: _____
 Electric: _____

- Approved
 Approved with conditions
 Denied

Current Zone: _____

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: 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)

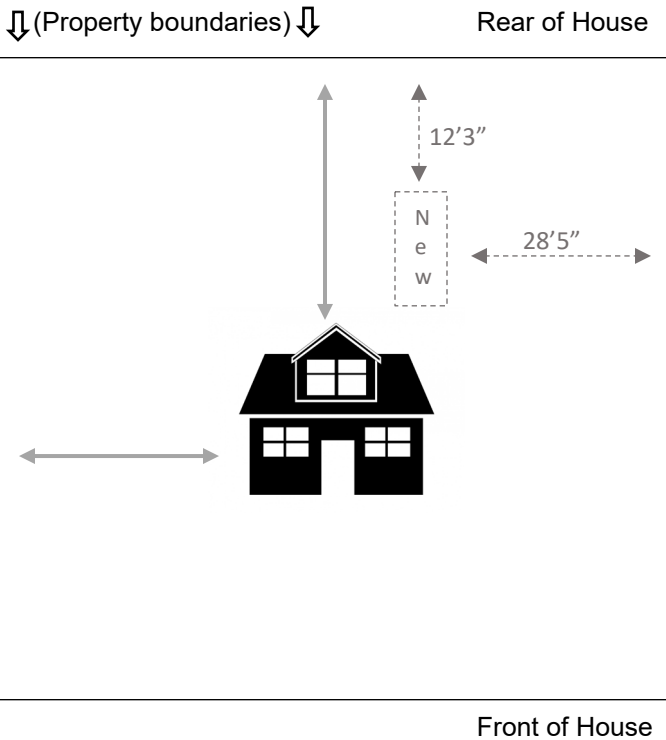
- | | | | | |
|---|-------------------------------------|---|--------------------------------|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Alteration | <input type="checkbox"/> Off-street Parking | <input type="checkbox"/> Sign | <input type="checkbox"/> Corner Lot |
| <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: _____

- 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.

<i>FOR OFFICE USE ONLY</i>		
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				