



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

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

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

4. 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. Type of Structure Being Removed:

<input type="checkbox"/> One or Two Family Dwelling	<input type="checkbox"/> Pole Barn
<input type="checkbox"/> Multi-Family Dwelling	<input type="checkbox"/> Shed
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Commercial Building
<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Other: _____

6. Utilities (*Applicable Agency Contact Required*)
 - Sanitary Sewer: Sanitation District #1
 - Water: Northern Kentucky Water District or Pendleton County Water District
 - Well or Septic System: Northern Kentucky Health Department
 - Electric/Gas: Duke Energy or Owen County Electric

7. EPA Clearance Documentation for *Multiple Units, or Commercial structures* contact:
 KY Div. for Air Quality Florence Regional Office
 8020 Veterans Memorial Dr. Suite 110 Florence, KY 41042
 Phone: (859)525-4923

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. Estimated cost of demolition: \$ _____

10. 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.

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

BP - -	Fees Recd. \$ _____ Demo Permit \$ _____ Other \$ _____ Total	Date Recd. _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check (#) _____
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