

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
Email: pzadmin@campbellcountyky.gov

www.campbellcountyky.gov

1. Project Located In:
[ ] Unincorporated Campbell County
[ ] Alexandria [ ] Cold Spring [ ] Ft. Thomas [ ] Southgate
[ ] Bellevue [ ] Crestview [ ] Highland Heights [ ] Wilder
[ ] California [ ] Dayton [ ] Melbourne [ ] Woodlawn
[ ] 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: \_\_\_\_\_
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 wall can act as this barrier.

Fence Details:
[ ] Chain Link [ ] Privacy [ ] Picket [ ] Split Rail/Board [ ] Other: \_\_\_\_\_
[ ] Height of Fence: \_\_\_\_\_ Ft.

6. Project includes:
Electric\*: [ ] Yes [ ] No \*electric permit required Diving Board: [ ] 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.

<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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\_\_\_\_\_  
 Applicant's Affidavit Signature                      Date

*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: Digital submissions accepted at pzadmin@campbellcountyky.gov

- Two (2)\* sets of building plans [Three (3) sets if located within the City of Alexandria or Bellevue.]
- Two (2)\* copies of a site plan [Three (3) sets if located within the City of Alexandria or Bellevue.]
- List of all subcontractors – name and address
- Permit Fees

*\*only one needed if submitted digitally*

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

<p>BP            -</p>	<p>Fees Recd.</p> <p>\$ _____ Building Permit</p> <p>\$ _____ Zoning Permit</p> <p>\$ _____ Other</p> <p>\$ _____ Total</p>	<p>Date Recd. _____</p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Check (#) _____</p>
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# 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
<b>\$</b>	<b>TOTAL AMOUNT DUE</b>	

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)**

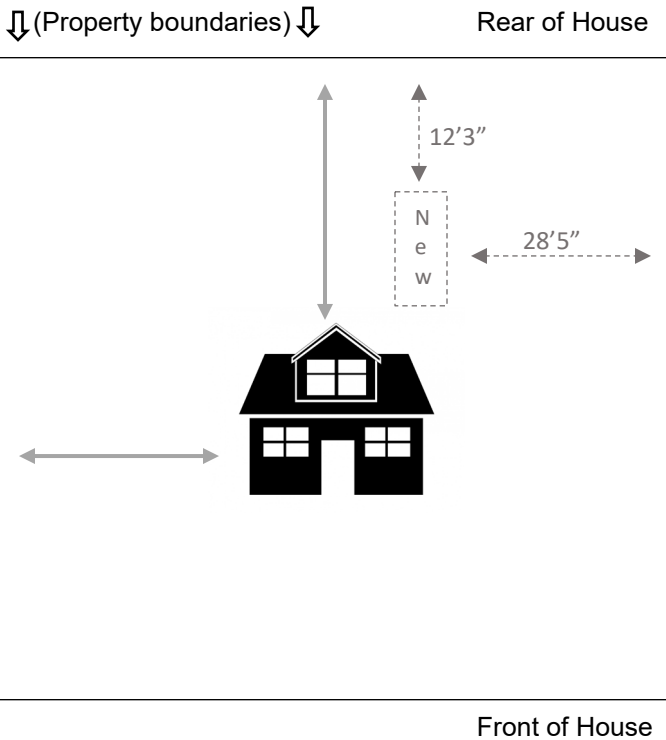
- |                  |            |                    |       |               |
|------------------|------------|--------------------|-------|---------------|
| New Construction | Alteration | Off-street Parking | Sign  | Corner Lot    |
| Addition         | Demolition | Accessory Building | Fence | Change of Use |
| 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.*

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