



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

<b>----- NOTARY -----</b>
The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____
Notary Public State: _____
Notary ID: _____
My Commission Expires: _____, 20____
<small>(a notary is available at the PZ office)</small>

*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@campbellcountyky.gov](mailto:pzadmin@campbellcountyky.gov)

- 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)
- Permit Fees

*\* only one needed if digital submittal*

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

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



# Residential HVAC 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"/> Highland Heights | <input type="checkbox"/> Southgate |
| <input type="checkbox"/> Alexandria                     | <input type="checkbox"/> Cold Spring      | <input type="checkbox"/> Wilder    |
| <input type="checkbox"/> Bellevue                       | <input type="checkbox"/> Crestview        | <input type="checkbox"/> Woodlawn  |
| <input type="checkbox"/> California                     | <input type="checkbox"/> Dayton           |                                    |
| <input type="checkbox"/> Ft. Thomas                     | <input type="checkbox"/> Silver Grove     |                                    |

2. Project Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. PIDN: 999-99-\_\_\_\_ - \_\_\_\_ . \_\_\_\_

5. Applicant:  Contractor  Property Owner

Contractor: \_\_\_\_\_ Permit Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupational Tax License number: \_\_\_\_\_  
County City

KY HVAC License Number: _____  Signature of License Holder: _____
---

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

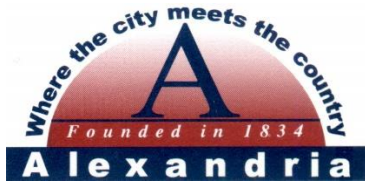
6. Installation Type:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Replacement       | Number of Units: _____                |
| <input type="checkbox"/> Gas Forced Air   | <input type="checkbox"/> Geothermal System | <input type="checkbox"/> Heat Pump    |
|   |  | <input type="checkbox"/> Other: _____ |

7. Will any duct be in an unconditioned area:  Yes  No



# Encroachment Permit or Request for Address

## 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:

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

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 Encroachment:

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> State Route  | <input type="checkbox"/> Private Street |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> County Route | <input type="checkbox"/> Address Only   |
| <input type="checkbox"/> Industrial  | <input type="checkbox"/> City Street  | Request                                 |

6. Materials:  Concrete  Asphalt  Other: \_\_\_\_\_ Depth: \_\_\_\_\_

Description of Subbase: \_\_\_\_\_

Driveway slope:  Toward structure  Toward roadway

Estimated Cost: \$ \_\_\_\_\_

7. Is this the driveway, ditch and/or culvert marked in the field?  Yes  No

8. Is this project located in the Floodplain?  Yes  No

Is this project located on a Hillside Slope of 20% or greater?  Yes  No

9. Acknowledgement:

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 Roadway Department, Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.

\_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date

- Encroachment: Two copies of construction plans depicting driveway location, pavement type, culvert details and relevant design details.
- Address only: Site plan depicting proposed driveway location
- Permit fee (\$50)

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

BP - \$ \_\_\_\_\_ Encroach. Permit Date Recd. \_\_\_\_\_  
 \$ \_\_\_\_\_ Other  Credit Card  
 \$ \_\_\_\_\_ Total  Cash  
 Check (#) \_\_\_\_\_

Roadside Pre-permit Inspection Date: __/__/__ Reviewed by: _____ Ditch Required: <input type="checkbox"/> Yes, Size _____ <input type="checkbox"/> No Culvert Required: <input type="checkbox"/> Yes, Size _____ Material: _____ <input type="checkbox"/> No Connecting bands or gasketed bell required: <input type="checkbox"/> Yes <input type="checkbox"/> No Driveway crowning required: <input type="checkbox"/> Yes <input type="checkbox"/> No Paved apron required: <input type="checkbox"/> Yes, Minimum Length: _____ <input type="checkbox"/> No Paved driveway required: <input type="checkbox"/> Yes, Minimum Length: _____ <input type="checkbox"/> No Additional notes for permit: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Inspections required by Roadway Department: <input type="checkbox"/> Pre-fill/install <input type="checkbox"/> Final <input type="checkbox"/> None
--



# 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: \_\_\_\_\_

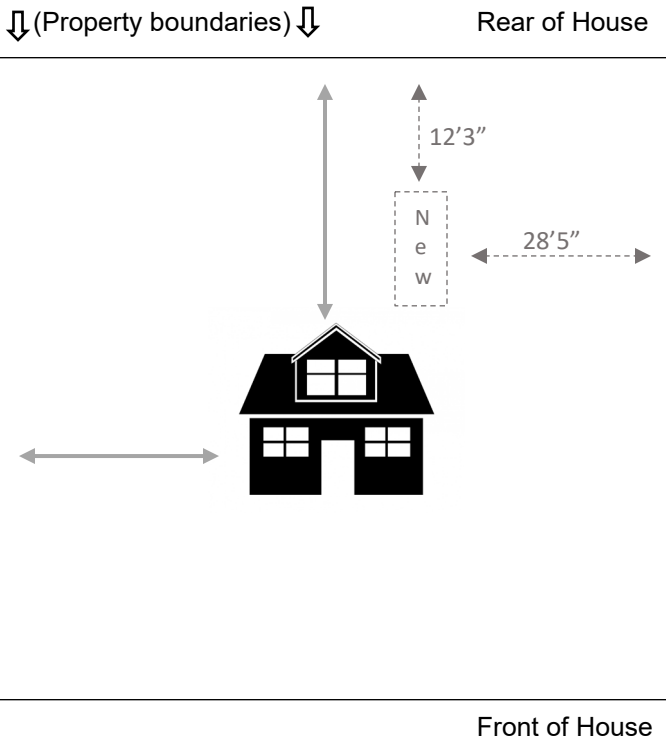
- Cash  
 Check #: \_\_\_\_\_

Check Name: \_\_\_\_\_





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				