



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