



## Commercial or Multi-Family Permit Packet – New Construction

### IMPORTANT INFORMATION. PLEASE READ FIRST.

This application packet is for commercial buildings or multi-family buildings permits: new builds

Below applications/documents are required:

- Zoning Permit application
- Electric Permit application
- Encroachment Permit application
- Commercial or Multi-Family Building Permit application
- HVAC Permit application
- Site plan (must show where the structure will be placed in reference to property lines. Distance should be a close estimate, for a new build you will need to show where driveway will be located.)
- Building plans (Campbell County Building Dept. will require structural plans for the project.)
- Proof of current Occupational License for the City of Alexandria (For contractors only)
- Sub-contractor list (if applicable)

Fees:

- Zoning Permit fee: \$50.00
- Encroachment Permit fee: \$50.00 (times number of units – for multi-family only)
- Electric Permit fee: \$30.00 (times number of units – for multi-family only)
- HVAC: See application for pricing
- Building Permit fee: Price based on square footage of project

How to apply:

Return the completed packet and all necessary documents to [forms@alexandriaky.org](mailto:forms@alexandriaky.org). Fees will be paid to Campbell County Planning & Zoning and can be paid via check, credit card or cash.

Once the zoning is approved the packet will be delivered to Campbell County who will reach out for payment and issue the permit. This process can take up to 2 weeks.

If you have specific building questions contact Campbell County Building Dept: 859-292-3880.

# Zoning Permit Application

## CITY OF ALEXANDRIA

8236 West Main Street  
Alexandria, Kentucky 41001

Phone: (859) 635-4125

Fax: (859) 635-4127

Email: forms@alexandriaky.org

www.alexandriaky.org



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
Above Ground Pool	In Ground Pool	Driveway	Patio	Deck
Other _____				

Description: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

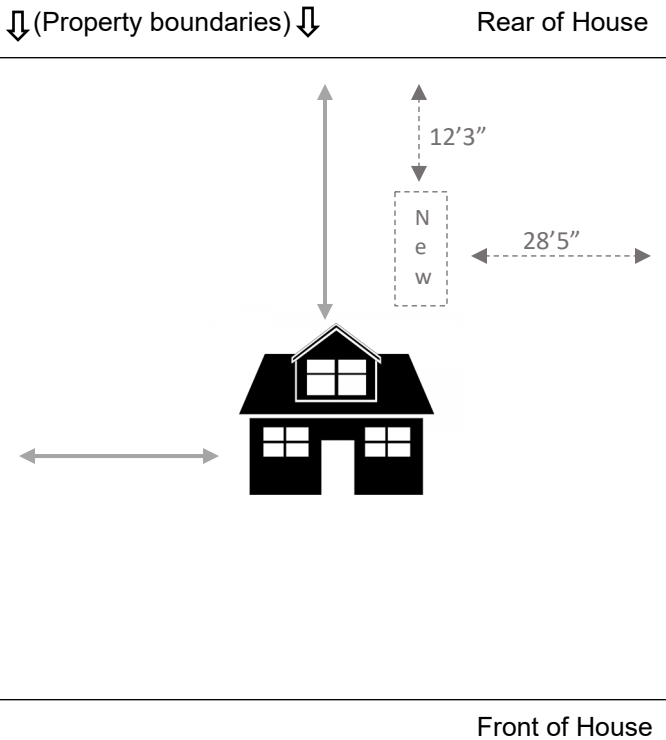
**\*NOTE: 1) In order to do business in the City of Alexandria, all contractors and subcontractors must have a current Occupational License with Campbell County AND Alexandria.**

**2) You are required to complete the attached SUBCONTRACTOR form and return it with the application.**

#### 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



# Electrical Permit Application

## CITY OF ALEXANDRIA

8236 West Main Street  
Alexandria, Kentucky 41001

Phone: (859) 635-4125  
Fax: (859) 635-4127  
Email: forms@alexandriaky.org  
www.alexandriaky.org

1. Applicant:      Property Owner      Contractor      Permit #: \_\_\_\_\_

2. Project Address: \_\_\_\_\_

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

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

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

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

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

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

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

<p><b>License Holder Signature:</b></p> <p>_____</p> <p>ME: _____ CE: _____</p>
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Occupational Tax License number: \_\_\_\_\_  
County \_\_\_\_\_ City \_\_\_\_\_

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

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

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

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

4. Type of structure:

Single Family Home	Commercial Structure	Shed
Mobile Home	Detached Garage	Other: _____
Multi-Family Home	Pole Barn	

Is this structure in the Floodplain?    Yes    No

5. Type of project:

New Construction	Alteration / Repair	Other: _____
New Service Panel	Addition	

Estimated cost \$ \_\_\_\_\_

6. Electrical Inspection Contact:      **Electric Inspection, Inc**      **859-746-9111**

<i>FOR OFFICE USE ONLY</i>		
Date Recd: _____	Fees Recd	Payment Method
Processed by: _____	\$ _____ Electric	Credit Card
	\$ _____ Other	Check (#) _____
	\$ _____ Total	Cash
		Pd to Campbell County P&Z

# Encroachment Permit or Request for Address



## CITY OF ALEXANDRIA

8236 West Main Street  
Alexandria, Kentucky 41001

Phone: (859) 635-4125  
Fax: (859) 635-4127  
Email: forms@alexandriaky.org  
www.alexandriaky.org

1. Applicant:      Property Owner      Contractor      Permit #: \_\_\_\_\_
2. Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. PIDN: 999-99-\_\_\_\_ - \_\_\_\_ . \_\_\_\_
4. 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:  

Residential	Industrial	County Route	Private Street
Commercial	State Route	City Street	Address Only 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:  Yes, Size \_\_\_\_\_  No

Culvert Required:  Yes, Size \_\_\_\_\_ Material: \_\_\_\_\_  No

Connecting bands or gasketed bell required:  Yes  No

Driveway crowning required:  Yes  No

Paved apron required:  Yes, Minimum Length: \_\_\_\_\_  No

Paved driveway required:  Yes, Minimum Length: \_\_\_\_\_  No

Additional notes for permit:

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Inspections required by Roadway Department:  Pre-fill/install  Final  None



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:

- Unincorporated Campbell County
- Alexandria       Cold Spring       Ft. Thomas       Southgate
- Bellevue       Crestview       Highland Heights       Wilder
- California       Dayton       Melbourne       Woodlawn
- Silver Grove

2. Project (Business) Name or Description: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ PIDN: 999-99- \_\_\_\_ - \_\_\_\_ . \_\_\_\_

3. Applicant:  Engineer/Architect  Contractor  Property Owner

Engineer/Architect: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

4. Type of structure:  Commercial  Industrial  Multi-Family

5. Estimated cost of project \$ \_\_\_\_\_

6. Proposed Activity:

- New Construction
- Remodel
- Tenant Finish
- Addition
- Accessory Structure
- Range Hood
- Hood Extinguish Sys.
- Retaining Wall
- Roof Replacement
- Fire Alarm
- Fire Suppression
- Sprinkler Sys.  
# of heads: \_\_\_\_\_
- Other: \_\_\_\_\_

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:

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ATTACHMENTS (HVAC and Electrical to be submitted separately):

*Digital submissions accepted at pzadmin@campbellcountyky.gov*

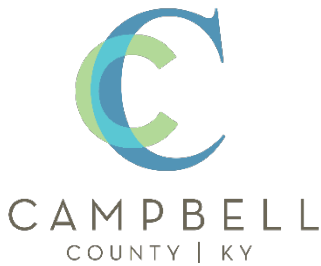
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Three sets of building plans<br><i>(Four for Alexandria or Bellevue) *</i> | <input type="checkbox"/> List of subcontractors (Names<br>and Addresses)              | <input type="checkbox"/> Truss Drawings               |
| <input type="checkbox"/> Two sets of site plan <i>(Three for<br/>Alexandria or Bellevue) *</i>      | <input type="checkbox"/> Certificate of Appropriateness<br><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	Fees Recd.	Date Recd. _____
	\$ _____ Bldg. Permit	<input type="checkbox"/> Credit Card
	\$ _____ Zoning	<input type="checkbox"/> Cash
	\$ _____ Enchrmt. Permit	<input type="checkbox"/> Check (#) _____
	\$ _____ Chng of Use	
	\$ _____ Range Hood	
	\$ _____ Ext. System	
	\$ _____ Fire Alarm	
	\$ _____ Sprinkler	
	\$ _____ Other	
	\$ _____ Total	





# Commercial and Multi Family 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"/> 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"/> Mentor           | <input type="checkbox"/> Woodlawn  |
| <input type="checkbox"/> California                     | <input type="checkbox"/> Ft. Thomas  | <input type="checkbox"/> Silver Grove     |                                    |

2. Business Name: \_\_\_\_\_

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

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

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

4. Contractor: \_\_\_\_\_ Permit Contact: \_\_\_\_\_

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

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

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

Occupational Tax License: \_\_\_\_\_

County issued number

City issued number

KY HVAC License Number: _____ Signature of License Holder: _____
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5. 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"/> Refrigeration     | Quantity and type of refrigerant: _____    |                                    |
| <input type="checkbox"/> Other: _____      |  |                                    |

\*Must also have Electrical Permit

7. Estimated job cost: \$ \_\_\_\_\_

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

9. Verification of International Energy Conservation Code:

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

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

\_\_\_\_\_  
Applicant's Affidavit Signature

\_\_\_\_\_  
Date

ATTACHMENTS: [Digital submissions accepted at pzadmin@campbellcountyky.gov](mailto:pzadmin@campbellcountyky.gov)

- Two copies of duct layout and load calculations for new installation
- Certificate of Appropriateness (Historic District Only)
- Electrical Permit
- Permit Fees (see below for scale)

Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee	Value of Project	Permit Fee
\$2,000 or less	\$125	\$100,001 to \$150,000	\$630	\$500,001 to \$600,000	\$1,725	\$1,100,001 to \$1,200,000	\$3,050
\$2,001 to \$10,000	\$180	\$150,001 to \$200,000	\$760	\$600,001 to \$700,000	\$1,900	\$1,200,001 to \$1,300,000	\$3,280
\$10,001 to \$25,000	\$270	\$200,001 to \$250,000	\$885	\$700,001 to \$800,000	\$2,125	\$1,300,001 to \$1,400,000	\$3,510
\$25,001 to \$50,000	\$330	\$250,001 to \$300,000	\$1,025	\$800,001 to \$900,000	\$2,355	\$1,400,001 to \$1,500,000	\$3,735
\$50,001 to \$75,000	\$390	\$300,001 to \$400,000	\$1,150	\$900,001 to \$1,000,000	\$2,590	\$1,500,001 to \$1,600,000	\$3,965
\$75,001 to \$100,000	\$500	\$400,001 to \$500,000	\$1,500	\$1,000,001 to \$1,100,000	\$2,820	\$1,600,001 and above	**

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

HVAC

Fees Recd.  
 \$ \_\_\_\_\_ HVAC Permit  
 \$ \_\_\_\_\_ Electric Permit  
 \$ \_\_\_\_\_ Other  
 \$ \_\_\_\_\_ Total

Date Recd. \_\_\_\_\_  
 Credit Card  
 Cash  
 Check (#) \_\_\_\_\_

**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				