



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

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 issued number City issued number

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 * if yes, 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:

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

- 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-----

BP

Fees Recd.
 \$ _____ Building Permit
 \$ _____ Zoning Permit
 \$ _____ Other
 \$ _____ Total

Date Recd. _____
 Credit Card
 Cash
 Check (#) _____

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: _____

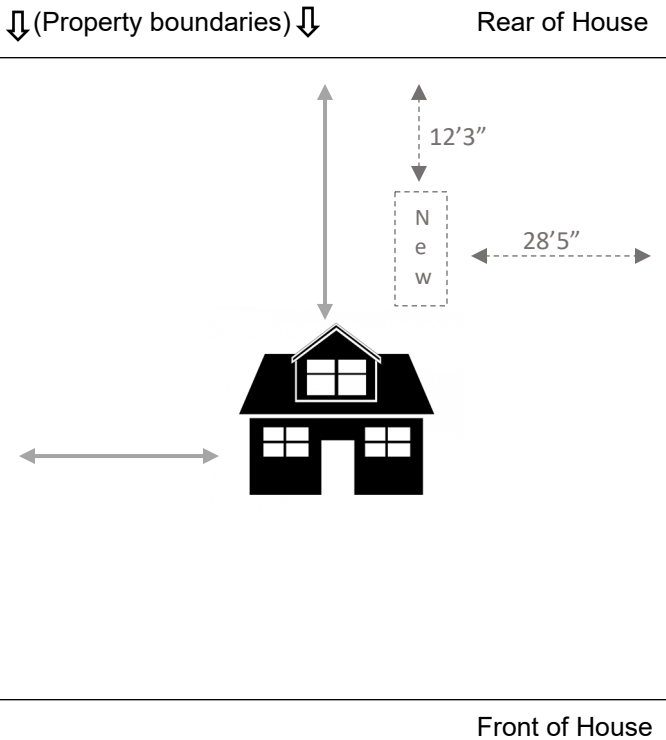
***NOTE: 1) In order to do business in the City of Alexandria, all contractors and subcontractors must have a current Occupational License with Campbell County AND Alexandria.**

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: _____

License Holder Signature:

ME: _____ CE: _____

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**

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

**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				