



Demolition Permit Application

Campbell County & Municipal Planning & Zoning Commission

1098 Monmouth Street, Suite 343
Newport, Kentucky 41071

Phone: (859) 292-3880
Fax: (859) 547-1868

www.campbellcountyky.org

1. Project Located In:

- Unincorporated Campbell County **or** in the City of:
- | | | | | |
|-------------------------------------|---|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alexandria | <input type="checkbox"/> Bellevue | <input type="checkbox"/> California | <input type="checkbox"/> Cold Spring | <input type="checkbox"/> Crestview |
| <input type="checkbox"/> Dayton | <input type="checkbox"/> Highland Heights | <input type="checkbox"/> Melbourne | <input type="checkbox"/> Mentor | <input type="checkbox"/> Silver Grove |
| <input type="checkbox"/> Southgate | <input type="checkbox"/> Woodlawn | | | |

2. Project Address: _____

3. PIDN: **999-99-**____ - ____ . ____

4. **Applicant:** Property Owner Contractor

5. **Contractor's Name:** _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

6. **Property Owner's Name:** _____

Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Email: _____

7. Type of Structure Being Removed:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> One or Two Family Dwelling | <input type="checkbox"/> Multi-Family Dwelling | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Pole Barn | <input type="checkbox"/> Shed | <input type="checkbox"/> Commercial Building | |
| <input type="checkbox"/> Other: _____ | | | |

8. Utilities – Please contact the local utility companies **prior** to demolition.

- | | |
|---|--|
| <input type="checkbox"/> Sanitary Sewer: Sanitation District #1 | <input type="checkbox"/> Septic System: Northern Ky. Health Department |
| <input type="checkbox"/> Water: Northern Kentucky Water District or
Pendleton County Water District | <input type="checkbox"/> Well: Northern Ky. Health Department |
| <input type="checkbox"/> Electric/Gas: Duke Energy or Owen County Electric | |

9. EPA Clearance Documentation (**Multiple Units or Non-Residential**):

- Yes No If "Yes", contact: Ky. Div. for Air Quality, Florence Regional Office, 8020 Veterans Memorial Drive, Suite 110, Florence, KY 41042; Telephone: (859) 525-4923; Fax: (859) 525-4157

10. **SIGNATURE:** I hereby certify that I am requesting the permit on behalf of all owners of this 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.

I do hereby attest that an appropriate disposal site has been identified that will accept all waste materials resulting from the demolition project.

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.

Print Name

Print Name

Property Owner Signature Date

Applicant's Signature Date

The following documents are **required for all** projects and must be submitted with all applications.

- Two (2) copies of a site plan
- Affidavit of Assurance and Contractor's Occupational Tax License (**Campbell County and the applicable City**)
- Liability Insurance Certificate/Workers Compensation and Unemployment Insurance
OR
Homeowner's Insurance Certificate when self-construction
- List of all subcontractors – name and address
- Permit Fees per current fee schedule

INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL

APPLICATION #'s: _____

Building: _____

Current Zone: _____

FEE	DESCRIPTION	CODES
\$	Building Permit	See Below
\$	Other	LATEPEN / CREDITCARD
\$	TOTAL AMOUNT DUE	

DEMPER1
DEMPER2

One & Two Family Dwellings
Multi-Family Dwellings; Commercial;
and/or other Non-Residential Uses

DATE RECD: _____

- Approved**
- Approved With Conditions**
- Denied**

Reviewed By: _____

- Cash
- Check #: _____

Check Name: _____