



# Residential Building 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"/> California | <input type="checkbox"/> Cold Spring  | <input type="checkbox"/> Crestview | <input type="checkbox"/> Dayton   |
| <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-**\_\_\_\_ - \_\_\_\_ . \_\_\_\_      Zone: \_\_\_\_\_

4. Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

5. **Applicant's Name:** \_\_\_\_\_

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

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

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

6. **Contractor's Name:** \_\_\_\_\_

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

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

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

7. **Property Owner's Name:** \_\_\_\_\_

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

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

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

8. Proposed Activity: *(Check all that apply.)*

- New Construction     Single Family Dwelling     Modular     Manufactured
- Remodeling:     Addition     Other: \_\_\_\_\_

Describe changes to original structure: \_\_\_\_\_

9. Number of bedrooms:      Before construction: \_\_\_\_\_      After construction: \_\_\_\_\_

10. Estimated Cost of Project \$ \_\_\_\_\_

11. Total Square Footage:

**Square Footage includes all living space (bedrooms, bathrooms, kitchens, living rooms, dining rooms, etc.) and usable space (storage space, garage, decks, patio, porch, cistern, entry stoop, etc.) for purposes of residential use of the site.**

New Building:	Basement :	_____ Sq. Ft.	Garage:	_____ Sq. Ft.
	1 <sup>st</sup> Floor :	_____ Sq. Ft.	Porches/Patio/Decks:	_____ Sq. Ft.
	2 <sup>nd</sup> Floor :	_____ Sq. Ft.	Other Spaces:	_____ Sq. Ft.
Existing Building:	Remodel:	_____ Sq. Ft.	Addition:	_____ Sq. Ft.

12. Floodplain: Is any portion of this project located in the Floodplain?  Yes  No
13. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater?  Yes  No
14. Verification of 2009 International Energy Conservation Code:
- Performance: Blower Door Test (by 3<sup>rd</sup> Party)  Prescriptive: Visual Inspection (by Building/HVAC Inspector)

15. **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.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Applicant Signature Date

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

- Two (2) sets of building plans **[Three (3) sets if located within the City of Alexandria.]**
- Two (2) copies of a site plan **[Three (3) sets if located within the City of Alexandria.]**
- Affidavit of Assurance and Contractor's Occupational Tax License Number
- 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

In addition, the following documents (as applicable) are **required for all new construction.**

- Copy of Recorded Deed and Record Plat showing County Clerk's recording stamp
- County or State Road Encroachment Application
- HVAC Contractor Permit Application
- Electric Permit Application

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**INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL**

**APPLICATION #'s:**

Zoning: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 Encroachment: \_\_\_\_\_  
 Electric: \_\_\_\_\_  
 HVAC: \_\_\_\_\_  
 Current Zone: \_\_\_\_\_  
 Total Sq. Ft. \_\_\_\_\_

FEE	DESCRIPTION	CODE
\$	Zoning Permit	SINGFAM / MANFHOM
\$	Building Permit	BPNEWC1
\$	Encroachment Permit	ENCRPMT
\$	Certificate of Occupancy	CERTCON
\$	Electric Permit	ELECPMT
\$	HVAC Permit	HVACONE / HVACAD1
\$	Other	LATEPEN / CREDITCARD
\$	<b>TOTAL AMOUNT DUE</b>	

DATE RECD: \_\_\_\_\_

Approved

Approved With Conditions

Denied

Reviewed By: \_\_\_\_\_

Cash  Check #: \_\_\_\_\_ Name: \_\_\_\_\_



# Affidavit of Assurances

## 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

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

**Project Name:** \_\_\_\_\_

Here comes the Applicant, \_\_\_\_\_, and  
(Print Applicant Name)  
states, pursuant to KRS 198B.060(10), that 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).

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Contractor, Property Owner or Owner's Agent

**County of:** \_\_\_\_\_

**State of:** \_\_\_\_\_

The foregoing Affidavit of Assurance was acknowledged and sworn before me by  
\_\_\_\_\_, Applicant, on the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

**Notary Public:** \_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Notary of which state:** \_\_\_\_\_ **Notary ID #:** \_\_\_\_\_

**Commission Expiration Date:** \_\_\_\_\_

**Occupational Tax License #:** County \_\_\_\_\_ City \_\_\_\_\_



# Encroachment Permit Application

## Campbell County Planning & Zoning Department

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. Property Owner's Name: \_\_\_\_\_

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

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

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

5. Contractor's Name: \_\_\_\_\_

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

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

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

6. Applicant's Name: \_\_\_\_\_

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

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

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

7. Type of Encroachment:

- Residential       Commercial       Industrial
- Farm       Other: \_\_\_\_\_

8. Floodplain: Is any portion of this project located in the Floodplain?       Yes       No

9. Steep Slopes: Is any portion of this project located on a Hillside Slope of 20% or Greater?       Yes       No

10. **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.

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\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

The following documents are **required for all** construction projects and must be submitted with the application.

- Two (2) sets of building plans indicating the materials used for creation of the driveway (concrete or asphalt; depth of material; information on subbase; etc.).
- Two (2) copies of site plan showing the shape and dimensions of the lot; the location and dimensions of all existing and proposed buildings or additions to existing buildings; and the location and names of all existing roads; and any right-of-ways and access easements of record.
- Affidavit of Assurance and Contractor's Occupational Tax License Number
- Liability Insurance Certificate / Workers Compensation and Unemployment Insurance
- OR**
- Homeowner's Insurance Certificate when self-construction
- Permit Fees

**Section B: To be completed by the Road Department/Public Works Supervisor.**

Pipe Size Required (12" Minimum): \_\_\_\_\_ Pipe Material: \_\_\_\_\_

Projected Date of Installation: \_\_\_\_\_

Special Instructions to Applicant: \_\_\_\_\_

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Plan Reviewed By: \_\_\_\_\_  
Road Department/Public Works Supervisor Date

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**INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL**

APPLICATION #'s:  
 Building: \_\_\_\_\_  
 Encroachment: \_\_\_\_\_  
 Current Zone: \_\_\_\_\_

FEE	DESCRIPTION	CODE
\$	Building Permit	BPNEWC1
\$	Encroachment Permit	ENCRPMT
\$	Other	LATEPEN / CREDITCARD
\$	<b>TOTAL AMOUNT DUE</b>	

DATE RECD: \_\_\_\_\_

- Approved
- Approved With Conditions
- Denied

Reviewed By: \_\_\_\_\_

Cash     Check #: \_\_\_\_\_ Name: \_\_\_\_\_



# Electrical 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](http://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 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	<b>City of Alexandria <u>must</u> use Electrical Inspection, Inc.</b>
Inspection Bureau Inc.	(513) 381-6080	

Once a final inspection has been obtained by the appropriate electrical inspector, the Building Inspection Department will need to be advised of the completion of the job. If you can take a photo of the approval sticker in the service panel, please email a copy to our office at [sturner@campbellcountyky.org](mailto:sturner@campbellcountyky.org). If you are unable to locate this information, contact our office and schedule an inspector to visit your site.





# HVAC Application for Residential Dwellings

## 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](http://www.campbellcountyky.org)

1. Project Located In:

- Unincorporated Campbell County      **or** in the City of:  
 Alexandria       Bellevue       California       Cold Spring       Crestview  
 Dayton       Highland Heights       Melbourne       Mentor       Silver Grove  
 Southgate       Wilder       Woodlawn

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

3. Project (Business) Name: \_\_\_\_\_

4. PIDN: **999-99-**\_\_\_\_ - \_\_\_\_ . \_\_\_\_ (Parcel Identification Number from deed, tax bill, or from PVA's office)

5. Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

6. **Property Owner's Name:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

7. **Contractor's Name:** \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Ky Master HVAC License #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City State Zip  
 Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupational Tax License #: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_

8. Check all boxes that apply:

New Construction       Replacement       Geothermal System       Heat Pump  
 Gas Forced Air       Other: \_\_\_\_\_

9. **Will any duct be located in an unconditioned area?**       Yes       No

*If yes, you will be required to complete Duct Tightness Verification.*

10. Estimated Job Cost: \$ \_\_\_\_\_

11. Total Permit Fee: \$ \_\_\_\_\_

\$105 for first system (1 Heating Unit Plus 1 Cooling Unit) PLUS \$50 for each additional system      Total # of Additional Units: \_\_\_\_\_

12. Date of Sizing Calculations: \_\_\_\_\_ Orientation of Structure: \_\_\_\_\_  
 Summer Design Conditions: \_\_\_\_\_ Winter Design Conditions: \_\_\_\_\_

Description:	System #1	System #2	System #3	System #4	System #5
Square Footage:					
Heat Gain:					
Heat Loss:					

13. **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.

We are issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. **It is your responsibility to notify, request and obtain all required inspections.** If for any reason you fail to complete this installation, it shall be your responsibility to notify us immediately.

\_\_\_\_\_  
Print Name

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

The following documents are **required** to be submitted with all applications for **new construction**.

- Two (2)** copies of duct layout *[Three (3) sets if located within the City of Alexandria.]*
- Two (2)** copies of load calculations *[Three (3) sets if located within the City of Alexandria.]*

\*\*\*\*\*

**INFORMATION BELOW TO BE COMPLETED BY BUILDING OFFICIAL**

APPLICATION #'s: \_\_\_\_\_

Building: \_\_\_\_\_

HVAC: \_\_\_\_\_

Current Zone: \_\_\_\_\_

FEE	DESCRIPTION	CODE
\$	HVAC Permit	See Below
\$	Other	LATEPEN / CREDITCARD
<b>\$</b>	<b>TOTAL AMOUNT DUE</b>	

- HVACONE 1-2 Family Dwelling
- HVACAD1 1-2 Family Dwelling additional units
- HVACMUL Multi-Family Dwelling
- HVACMF1 Multi-Family Dwelling additional units

DATE RECD: \_\_\_\_\_

- Approved
- Approved with conditions
- Denied

Processed By: \_\_\_\_\_

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

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