



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:
- Alexandria California Cold Spring Crestview Dayton
- Melbourne Mentor Silver Grove Southgate 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 st Floor :	_____ Sq. Ft.	Porches/Patio/Decks:	_____ Sq. Ft.
	2 nd 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 3rd 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

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
\$	TOTAL AMOUNT DUE	

DATE RECD: _____

Approved

Approved With Conditions

Denied

Reviewed By: _____

Cash Check #: _____ Name: _____