

SCOTTSVILLE-ALLEN COUNTY BUILDING PERMIT APPLICATION

Scottsville-Allen County Planning Commission
201 W. Main Street
Scottsville, KY 42164

PLAN REVIEW AND INSPECTION FEE WORKSHEET

DATE: _____
Check #: _____
Check Amt: \$ _____
Permit #: _____

PERMIT INFORMATION

Applicant _____ Company _____

Street Address _____ City _____ State _____ Zip Code _____

Email _____ Phone _____

Check all that apply to Applicant's Role: Owner Contractor Other

* The Applicant is the point of contact and responsible for coordinating inspections with the Building Inspector.

PROJECT INFORMATION

Project Address _____ Zip Code _____

Subdivision _____ Project/Development Name _____

LOT# _____ Tax ID # _____ DEED/PAGE _____ PLAT _____

ZONE _____ City/County _____ Floodplain A or AE or X

General Description of Work Being Performed _____

SQFT: Existing: _____ New: _____

TYPE OF IMPROVEMENT AND USE (check all applicable)

<input type="checkbox"/> New Building	<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Commercial	<input type="checkbox"/> Garage/Carport
<input type="checkbox"/> Addition	<input type="checkbox"/> Demolition	<input type="checkbox"/> Single Family	<input type="checkbox"/> Pool/Fence/Deck/Patio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Accessory Building

Calculating Fees: Total Gross area of the outside dimensions of the structure. Include the area of all usable floor space, basements and all areas within horizontal projection of the roof. See fee schedule on the reverse side.

Building Characteristics	Type of Heating	Sewage Disposal	Water Supply
Masonry	<input type="checkbox"/> Gas	<input type="checkbox"/> Public City or County	<input type="checkbox"/> Public City or County
Wood Frame	<input type="checkbox"/> Oil	<input type="checkbox"/> Private (septic tank)	<input type="checkbox"/> Private (well, cistern)
Structural Steel	<input type="checkbox"/> Electricity	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the proposed work is authorized by the owner of record and that I am the owner or have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction Applicant and/or Owner has agreed to be responsible to verify availability of all utilities.

Signature of Applicant: _____

CONTRACTOR INFORMATION (IF NOT THE APPLICANT)

Contractor Business Name _____ Address _____
 City _____ State _____ Zip Code _____
 Email _____ Phone _____
 Primary Contact _____ Mobile _____

OWNER INFORMATION (IF NOT THE APPLICANT)

Owner Name _____ Address _____
 City _____ State _____ Zip Code _____
 Email _____ Phone _____

- * Minimum fee for review of plans shall be \$325
- Plot or Site Plan must be attached before processing this request. Site plan can be obtained through a surveyor.
- * The Applicant is the point of contact and responsible for coordinating inspections with the Building Inspector.
- * Reinspection fee: The Building Inspector has the right to charge a \$10 reinspection fee, should he have to reinspect an inspection phase.
- " Without a permit: The fee shall be doubled for construction started without a permit
- " Renew Permit: Permit must be renewed after 180 days without activity. Renewal fee is \$25 monthly, doubling each month thereafter and/or terminated after 12months from the Building Permit Date Issued.
- " submission of plans and fee: All plans and specifications are required to be submitted to the Planning Department, accompanied by the applicable fee as set forth herein, rounded to the nearest dollar.
- * The ordinance shall automatically adopt the latest edition of the Kentucky Building Code and Residential Code.
- " Building permit shall be visible on-site during construction activities. General and all contractors are required to provide compliance with applicable Kentucky Worker's compensation and unemployment insurance laws on demand.
- * Occupation license can be obtained in the City Treasures office.

Building Inspector Jim Griffin 270-590-6606	Tri-County Electric 620 Veterans Memorial Hwy 270-237-44 18	Health Department Adam Massey 270-237-4423 x112	Scottsville Water Dept. 270-237-4402 Allen County Water Dept. 270-622-3040
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PLANNING & ZONING OFFICE USE

Building Permit #	
Building Permit Date Issued	_____
Plan review and Permit Fee	\$
Total Fee	\$

Inspection Required	Date Completed	NOTES
Footer		
Foundation		
Framing		
Final		
		Date Applicant/Owner received Certificate of Occupancy