



Building Inspection Department
 100 North Court Street
 Georgetown, KY 40324
 Phone: (502) 863-9802 Fax: (502) 863-4169

Permit Application Form

Permit Number

☐ City ☐ County

Commercial Building Application

Construction Location		Zoning	
Architect/Engineer		Contact Number	
Owner	Contact Name		
Address	Contact Numbers		
Contractor	Contact Name		
Address	Contact Numbers		
Applicant is	<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect / Contractor		
Type of Work		Proposed Use Group	
<input type="checkbox"/> New Building <input type="checkbox"/> Fit UP <input type="checkbox"/> Renovate Existing Bldg. <input type="checkbox"/> Addition <input type="checkbox"/> Other (explain below) <input type="checkbox"/> Repair		<input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> Business <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Mercantile <input type="checkbox"/> Factory <input type="checkbox"/> Storage	
Description			
Building:	L	W	H
Foundation		Square Footage	Other Requirements
Type	Material	# of Stories	Development plan
<input type="checkbox"/> Basement	<input type="checkbox"/> Concrete		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Crawl	<input type="checkbox"/> Block	Sq. Ft. per Floor	Work Comp Ins.
<input type="checkbox"/> Slab	<input type="checkbox"/> ICF		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Post	<input type="checkbox"/> Trt. Post	Basement?	Erosion Control
			<input type="checkbox"/> YES <input type="checkbox"/> NO
		Other	State Approval
			<input type="checkbox"/> YES <input type="checkbox"/> NO
		Total Sq. Feet	<input type="checkbox"/> Not Required
FEES			
Cost of Construction	\$	Cost Fee Schedule	Per Chart
		Plan Review Fee	X _____ per Sq. Ft.
		TOTAL FEE	\$

The undersigned hereby certifies they are the owner or the owner's agent of the property and that all information is true and accurate to the best of their knowledge.

Signature _____ **Date:** _____

OFFICE USE ONLY

Remarks					
Receipt #		Date Received	/ /	Check #	
				Received By	



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AFFIDAVIT OF ASSURANCES*
PURSUANT TO KRS 198B.060 (10)

Comes the Applicant; _____, and states, pursuant to KRS 198B.060 (10), that all contractors and subcontractors 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 Worker's Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

THIS the _____ day of _____, 20____.

Contractor, Owner or Owner's Agent

SUBSCRIBED AND SWORN to before me by _____

Applicant, on this the _____ day of _____, 20____.

Notary Public
State At Large

My commission Expires: _____

* () The Affidavit of Assurances is not required if the local building code official was presented the assurances upon issuance of the local building permit.

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- ☐ **Soil Erosion** – I am aware of and will comply with City of Georgetown Ordinance # 2010-014 Erosion Prevention & Sediment Control Requirements.
 - ☐ **Energy Sticker** –An Energy Conservation Certificate sticker will be attached to the electrical panel box with required information before the final building inspection.
 - ☐ **Inspections** – I am aware of the required inspections and the applicant's responsibility to schedule those inspections.

Signature of Applicant