

Date Received

____ / ____ / ____

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

By: _____

IMPORTANT — Applicants to Complete all items in sections: I, II, III, IV and IX.

I. LOCATION OF BUILDING	AT (LOCATION) _____	ZONING DISTRICT _____
	(No.) (STREET) _____ (MUNICIPALITY) _____	
	BETWEEN _____ AND _____	
	(CROSS STREET) _____ (CROSS STREET) _____	
	SUBDIVISION _____ LOT _____ BLOCK _____	LOT SIZE _____

II. TYPE AND COST OF BUILDING — All Applicants complete Parts A – D

A. TYPE OF IMPROVEMENT 1. <input type="checkbox"/> New building 2. <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3. <input type="checkbox"/> Alteration (See 2 above) 4. <input type="checkbox"/> Repair, replacement 5. <input type="checkbox"/> Wrecking (If multifamily, residential, enter number of units in building in Part D, 13) 6. <input type="checkbox"/> Moving (relocation) 7. <input type="checkbox"/> Foundation only	D. PROPOSED USE — For "Wrecking" most recent use <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units - - - - -> _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carports 17 <input type="checkbox"/> Other — Specify _____ _____ _____ </td> <td style="width:50%; vertical-align: top;"> Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ _____ </td> </tr> </table>	Residential 12 <input type="checkbox"/> One family 13 <input type="checkbox"/> Two or more family — Enter number of units - - - - -> _____ 14 <input type="checkbox"/> Transient hotel, motel or dormitory — Enter number of units - - - - -> _____ 15 <input type="checkbox"/> Garage 16 <input type="checkbox"/> Carports 17 <input type="checkbox"/> Other — Specify _____ _____ _____	Nonresidential 18 <input type="checkbox"/> Amusement, recreational 19 <input type="checkbox"/> Church, other religious 20 <input type="checkbox"/> Industrial 21 <input type="checkbox"/> Parking garage 22 <input type="checkbox"/> Service station, repair garage 23 <input type="checkbox"/> Hospital, institutional 24 <input type="checkbox"/> Office, bank, professional 25 <input type="checkbox"/> Public utility 26 <input type="checkbox"/> School, library, other educational 27 <input type="checkbox"/> Stores, mercantile 28 <input type="checkbox"/> Tanks, towers 29 <input type="checkbox"/> Other — Specify _____ _____
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B. OWNERSHIP 8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.) 9 <input type="checkbox"/> Public (Federal, State or local government)			
C. COST 10. Cost of improvement \$ _____ <i>To be installed but not included in the above cost</i> a. Electrical _____ b. Plumbing _____ c. Heating, air conditioning. _____ d. Other (elevator, etc.) _____ 11. TOTAL COST OF IMPROVEMENT \$ _____	(Omit cents) Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for, department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____		

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME 30 <input type="checkbox"/> Masonry (wall bearing) 31 <input type="checkbox"/> Wood frame 32 <input type="checkbox"/> Structural steel 33 <input type="checkbox"/> Reinforced concrete 34 <input type="checkbox"/> Other — Specify _____	G. TYPE OF SEWAGE DISPOSAL 40 <input type="checkbox"/> Public or private company 41 <input type="checkbox"/> Private (septic tank, etc.)	J. DIMENSIONS 48 Number of stories. 49 Total square feet of floor area, all floors, based on exterior dimensions 50 Total land area, sq. ft.	
F. PRINCIPAL TYPE OF HEATING FUEL 35 <input type="checkbox"/> Gas 36 <input type="checkbox"/> Oil 37 <input type="checkbox"/> Electricity 38 <input type="checkbox"/> Coal 39 <input type="checkbox"/> Other — Specify _____	H. TYPE OF WATER SUPPLY 42 <input type="checkbox"/> Public or private company 43 <input type="checkbox"/> Private (well, cistern)	K. NUMBER OF OFF-STREET PARKING SPACES 51 Enclosed. 52 Outdoors.	
I. TYPE OF MECHANICAL Will there be central air conditioning? 44 <input type="checkbox"/> Yes 45 <input type="checkbox"/> No Will there be an elevator 46 <input type="checkbox"/> Yes 47 <input type="checkbox"/> No	L. RESIDENTIAL BUILDINGS ONLY 53 Number of bedrooms 54 Number of bathrooms { Full } Partial		

NO. STREET

IV. IDENTIFICATION – To be completed by all applicants

Name	Mailing address – Number, street, city and State	ZIP code	Tel. No.
1. Owner or Lessee Name			
2. Contractor		Builder's License No.	
3. Architect or Engineer			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to Make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of applicant		Address	Application date

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – For office use

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
OTHER _____		\$					

VI' ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADINB					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VIII. VALIDATION

Building Permit number _____	FOR DEPARTMENTAL USE ONLY Use Group _____ Fire Grading _____ Live Loading _____ Occupancy Load _____
Building Permit issued _____	
Building Permit Fee \$ _____	
Certificate of Occupancy \$ _____	
Drain Tile \$ _____	
Plan Review Fee \$ _____	
Approved by: _____	

TITLE	

VIII. ZONING PLAN EXAMINERS NOTES

DISTRICT

USE

FRONT YARD

SIDE YARD

SIDE YARD

REAR YARD

NOTES

IX. SITE OR PLOT PLAN – *For Applicant Use*



CITY OF FRANKFORT **BUILDING PERMIT CONDITIONS**

LOCATION: _____ **DATE:** _____

PROJECT NAME: _____

PLANNING & ZONING REVIEW: 1) Applicant/owner agrees that all construction is limited to the _____ attached plans, shall meet the setbacks shown, and the conditions of approval as shown; any deviations shall require written approval from the City. 2) Exterior Construction shall not take place from 10:00 p.m. through 6:00 a.m. unless authorized by the City Manager. 3) Any establishment or building open to the public shall be smoke free, unless exempted by Ordinance. 4) _____

City Planner: _____ Date: _____

ENGINEERING DEPT. REVIEW: 1) Owner certifies that the project and proposed improvements will not negatively effect drainage and satisfies the adopted City ordinances. 2) the owner/contractor is required to control erosion and confine sediment to this property (may be done by silt fences, silt checks, or other erosion control measures); 3) Should during construction or final inspection review, the City finds deficiencies with the improvements and the adopted ordinances, the owner is responsible for correcting the discrepancies prior to final approval; 4) _____.

Public Works Department: _____ Date: _____

ELECTRICAL INSPECTIONS REVIEW: 1) Applicant/owner agrees that all electrical installations will be performed by a licensed electrical contractor/master electrician as described by KRS Section 227; 2) Electrical Contractor shall obtain an electrical permit before commencing electrical work; 3) All new electrical installations shall meet the currently adopted electrical code requirements; 4) See additional comments within electrical permit application; 5) _____

Electrical Inspector: _____ Date: _____

BUILDING INSPECTIONS REVIEW: See comments within building permit application. All new construction shall meet current adopted building code.

Owner/Applicant attests that they have read and understand the comments and conditions of their approval. Further that the owner/applicant states that they are responsible for determining the property lines prior to construction. Applicant has Owners permission to accept these conditions.

OWNER/APPLICANT SIGNATURE

Date

Affidavit of Acknowledgement

I, _____, property owner(s) of the subject site which is addressed _____, agree and acknowledge that there are platted utility easement(s) within my property. The easement(s) was established to allow the placement and maintenance of the utility lines (sewer, water, telephone, gas, cable, electric, etc. as applicable) that serve my property and others in the area. No permanent structures may be constructed within these easements. Fences and driveways, however, are generally permitted to be built, provided the following conditions are followed and accepted.

- Any damage to utility lines as a result of construction by the applicant/owner will be repaired at the expense of the property owner. **Owners must contact BUD ("Before U Dig") prior to setting fence posts or grading for driveways.**
- The utility companies reserve the right to remove your fence or driveway (portion within easement) if necessary to service their lines.
- The fence must maintain the required clearance for transformers. This clearance distance is usually posted on the transformer box. If you have questions concerning clearances, contact the Frankfort Electric and Water Plant Board at 352-4501.
- Placement of fences must not obstruct the drainage of stormwater to natural drainage areas or to engineered drainage structures such as culverts, catch basins, etc. If you have questions concerning drainage matters, contact the City Engineer at 352-2092 and the Sewer Department may be contacted at 875-2448
- Placement of fences shall be located within property lines and not over property lines.
- Placement of driveways shall not be located within two (2) feet of the side or rear property lines.
- Applicant/Owner holds harmless the City, County, and Plant Board for any damages or liability that may be done to a fence or other temporary structures within a utility easement.

I have read and understand these conditions and my responsibilities regarding construction in and near utility easements.

Applicant/Owner's Signature

Date

City of Frankfort
Application of All Sub-Contractors
Must Be Completed By Applicant

General Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Electrical Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Plumbing Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Excavation Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Foundation Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Framing Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Insulation Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Drywall Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Painting Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Roofing Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Mechanical/AC Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Masonry Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Siding Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Guttering Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Tile Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Overhead Door Contractor

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Specialty Contractors

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Name _____
Address _____
City/State/Zip Code _____ Phone _____
Account #: _____

Name _____
Address _____
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