SPENCER COUNTY BUILDING CODE ENFORCEMENT

Phone: 502-643-9039 Fax: 477-3242 220 Main Cross Street, Taylorsville KY 40071

Permit #	
Application #	
Application Date	·

BUILDING PERMIT FOR CHANGE OF OCCUPANCY & APPLICATION FOR INSPECTION

Applicant:	Phone #	
Mailing Address:		
City:		
Proposed Building Subdivision:		Lot#
Property Owner:		
Property Address:		
Directions to Jobsite:		
Any other structures on property? Ye	es () No () If yes, specify t	ype:
Description of Proposed Use:		
Basement Yes () No () If yes, Fir	nished or Unfinished, Crawl	Space () Slab ()
Has the concrete been poured? () Yes <u>or</u> () No If yes,	when
Number of Bathrooms Constru	ction Cost	
Sq. Ft. of Floor Plan Property	Zone Flood Plain : Yes() No() Map#
Water Supply: city or cistern (circle one)	Sewage Disposal Type: sept	tic or sewer
Electric Supplier/Company:		
Inspection Fee \$0.08 per so	q.,ft. Includes Plan Review and Three (3)) Inspections 0213

Disclaimer

(Read carefully and sign below)

I do hereby affirm and agree that I will observe all existing easements whether apparent or not and understand that it is my responsibility to determine the location and extent of any and all easements.

I do hereby affirm and agree that I will determine and comply with all applicable requirements and regulations of Spencer County Health Department, utility companies serving the subject property, applicable local jurisdiction, and Commonwealth of Kentucky (including but not limited to the Kentucky State Building Code, Kentucky Residential Code, and Kentucky Highway Department requirements). I do also hereby certify and state, pursuant to KRS 198.060 (10) that all contractors and subcontractors that are employed or will be employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements for Worker's Compensation Insurance (KRS Chapter 342) and unemployment insurance (KRS Chapter 341).

I do hereby affirm and agree that I will determine and comply with any and all private restrictions, covenants, regulations and with the Zoning Ordinance and Subdivision Regulations of Spencer County. I also certify that the setbacks shown on this building/zoning permit application are accurate to the best of my knowledge and that I have done my utmost to determine true and accurate property lines.

Printed Name	Signature
F	For Office Use Only
1 One set of Construction Plans	
4 Approved Site Evaluation for Se	ptic System or Letter from City if Sewer
5 Proof of Insurance Liability Workers	or Builders Risk Compensation or Unemployment or Affidavit of exemption
6 Approved Entrance from County	or State Road Foreman
7 Proof of occupation/business lice	ense from County for all contractors.
8 Subcontractors list	
Obtaining the signature of the Administr permits issued <i>without</i> such signature are	rative Official gives Zoning Approval for Construction, e in violation of the Zoning Regulations.
Zoning Administrative Review date:	By:
Construction Plan Review date:	Permit #
Permit Issued By Inspector:	
Permit Issued By Inspector: Fee Paid \$ () Check #	() Cash () Exempt from inspections

Subcontractors List for Building Permit

Today's Date	Projected Start Date
Builder	Phone _()
Mailing Address	
Construction Location	
Please list all subcontracto	rs and suppliers with whom you do business
Grading/Excavating	Name
	Name
Craval/Pock	Address
Glavel/Rock	Name
	Address
Footers	Name
	Address
Basement Walls	Name
Concrete Flat Work	Address
Concrete Flat Work	Name
Framing	Address
Training	Name
ROOF:	Address
Roofing Materials	
o	Name
Roofer	Address
Koolei	Name
Window & Door Supplier	Address
Window & Door Supplier	Name
	Address

Lumber Supplier	
	Name
Brick/Stone Mason	Address
Brick/Stolle Mason	Name
Dei al-/Chana Camalian	Address
Brick/Stone Supplier	Name
	Address
Vinyl Installer	Name
	Address
Vinyl Supplier	Name
	Address
Gutter Installer	Name
Coston Costolian	Address
Gutter Supplier	Name
ELECTRICAL.	Address
ELECTRICAL: Electrician	
	Name
Electrical Fixtures	Address
	Name
Electrical Fixture Supplier	Address
	Name
Cable Installer	Address
	Name
Audio System	Address
	Name
Telephone System Installer	Address
	Name
Alarm System Installer	Address
	Name

DRYWA	 ALL:	Address
Ι	Orywall Supplier	Name
	Drywall Labor	Address
		Name
TDIA.		Address
TRIM:	Trim Carpentry	
111111 Carp	Timi Curpentry	Name
		Address
	Trim Supplier	Name
Cal	oinet Manufacturer	Address
		Name
		Address
	Cabinet Installer	Name
		Address
FLOOR	ING:	Address
	Carpet Installer	Name
		rame
	Wood Installer	Address
		Name
		Address
	Tile Installer	Name
		Address
PLUMB	SING:	Address
	Septic Installer	
		Name
	Plumber	Address
		Name
		Address
	HVAC	Name
		Address
		Multos

Insulation	Name	
Fireplace	Address Name	
· —	Name	
——————————————————————————————————————	Address	
i uniters	Name	
Dumpeter Supplier	Address	
Dumpster Supplier	Name	
De de Ded Corelles	Address	
Port-a-Pot Supplier	Name	
	Address	
Clean-up People	Name	
	Address	
•		
Finish grade/sod, seed, Landscape, etc	Name	_
Landscape, etc. —	Name Address	_
Landscape, etc. —	Name	-
Landscape, etc. — Other	Name Address	-
Landscape, etc. —	Name Address Name	- -
Landscape, etc. Other Other Other —	Name Address Name Address Name Address	-
Landscape, etc. Other Other Other —	Name Address Name Address Name	-
Landscape, etc. Other Other Other —	Name Address Name Address Name Address	-
Landscape, etc. Other Other Other —	Name Address Name Address Name Address Name Address	-
Landscape, etc. Other Other Other —	Name Address Name Address Name Address Name Address	

Signature of Individual Submitting Information

Date