



CITY OF SOMERSET
Department of Housing, Buildings and Construction

Eddie R. Girdler
Mayor

Building Inspection Division
306 East Mount Vernon Street
P.O. Box 989
Somerset, KY 42501
Phone: (606) 425-5314
Fax: (606) 677-0688
www.cityofsomerset.com

Carrie Wiese
City Attorney

Alex Godsey
City Engineer

Dennis Crist
Building Inspector

Building Permit Application

PERMIT/SITE ADDRESS _____ FILING DATE: _____

GENERAL BUILDING DESCRIPTION _____

OCCUPANCY TYPE/USE	COST PER SQ FT	CONSTRUCTION TYPE	SQUARE FOOTAGE
<input type="checkbox"/> ASSEMBLY	16 Cents	<input type="checkbox"/> NEW CONSTRUCTION	EXISTING SQ FT
<input type="checkbox"/> BUSINESS	15 Cents	<input type="checkbox"/> ADDITION	NEW SQ FT
<input type="checkbox"/> DAY CARE CENTERS	15 Cents	<input type="checkbox"/> ALTERATION/REMODEL	
<input type="checkbox"/> EDUCATIONAL	15 Cents	<input type="checkbox"/> STATE JOB	
<input type="checkbox"/> FACTORY / INDUSTRIAL	15 Cents	BUILDING INFORMATION	
<input type="checkbox"/> HIGH HAZARD	16 Cents	# OF UNITS	
<input type="checkbox"/> INSTITUTIONAL	16 Cents	# OF FLOORS	
<input type="checkbox"/> MERCANTILE	15 Cents	# OF BATHS	
<input type="checkbox"/> RESIDENTIAL	15 Cents	# OF PARKING SPACES	
<input type="checkbox"/> STORAGE	15 Cents	BASEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No	PROJECT COST \$
<input type="checkbox"/> UTILITY/MISCELLANEOUS	13 Cents	TYPE HEAT <input type="checkbox"/> Gas <input type="checkbox"/> Electric	ANTICIPATED CONSTRUCTION START DATE / /
			PERMIT FEE AMOUNT
			Amt. Paid: _____ Date Paid: _____

NAME OF OWNER _____ PHONE () _____ - _____

MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT: _____ CELL PHONE () _____ - _____

EMAIL ADDRESS: _____ FAX () _____ - _____

NAME OF CONTRACTOR _____ PHONE () _____ - _____

MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P.O. BOX _____ CITY _____ STATE _____ ZIP CODE _____

CONTACT: _____ CELL PHONE () _____ - _____

EMAIL ADDRESS: _____ FAX () _____ - _____

BUILDING PERMIT APPLICATION CHECKLIST **THE BUILDING PERMIT APPLICATION SHALL INCLUDE THE FOLLOWING:**

☐ A signed and completed Building Permit Application

☐ Structural Drawings (*if applicable*)

☐ Site Plan w/building location/distances to adjacent buildings and property lines

☐ List of General Contractor(s)/Subcontractors with contact information

☐ Certificate of Insurance

☐ \$100 non-refundable application review deposit. (*Deposit will be applied to permit fee*)

UTILITY VERIFICATION **The owner and/or contractor has contacted the City of Somerset Utilities for location of existing facilities on property**

Authorized Gas Department Representative _____ DATE _____

Authorized Water Department Representative _____ DATE _____

Authorized Sewer Department Representative _____ DATE _____

The owner and contractor understand and agree that the permit issued upon this application shall be subject to any or all building and zoning regulations governing or relating to the subject matter and that violations of any such regulation by them or their agents shall render the permit null and void and subject them to the penalty described for such violation. The owner, lessee, and contractor agree to relieve the city from all responsibility for damage or accidents caused by their own negligence. The owner/contractor is responsible for keeping all debris from city streets.

I, the Applicant of this Permit, do hereby understand the following:

- This Permit will be approved when **ALL** reviews have been completed and approved;
- The Department of Housing, Buildings & Construction may issue the Permit or Phases of the Permit with **conditions**;
- It will be the Applicant's responsibility to meet **ALL** conditions required for Plan Review Approval;
- Work cannot commence until the Permit is issued by the Department of Housing, Buildings & Construction and **ALL** fee have been paid;
- Kentucky Building Code, Current Edition with referenced Codes and City Ordinances will govern this Permit;
- A list of Subcontractors must be submitted to Department of Housing, Buildings & Construction prior to issuance of this Permit;
- It is the contractor's responsibility to call for inspections; and
- To the best of my knowledge, **ALL** information given herein is true.

SIGNATURE _____ DATE _____

*****OFFICE USE ONLY*****				
PERMIT #:	JURISDICTION: <input type="checkbox"/> State <input type="checkbox"/> Local			
DATE ISSUED:	ZONING: <input type="checkbox"/> A1 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> I1 <input type="checkbox"/> I2 <input type="checkbox"/> R1 <input type="checkbox"/> R1A <input type="checkbox"/> R2 <input type="checkbox"/> R3			
APPROVED BY:		FRONT	SIDE	REAR
CHECK #:	RECEIVED FROM:	SETBACKS	'	'

☐

PROPERTY OWNER PERFORMING ALL WORK

As the owner of the referenced site address, I will be performing all work on scheduled project. I understand that should I hire someone else to do any work, I will need to complete and submit a subcontractor list prior to receiving final approval from the City of Somerset Department of Housing, Buildings and Construction. Failure to do so may result in delays of final approvals and/or Certificate of Occupancy.

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GENERAL CONTRACTOR PERFORMING ALL WORK

There will be no subcontractors on this project. I, or a W2 employee of my company, will perform all work at this site.

This form has been provided as a convenience to the general contractor to provide a list of subcontractors. If the general contractor maintains a list that provides the information requested on this form, it can be submitted instead. Please provide as much contact information as available at this time. If only a partial list is available at the time of application, an updated list must be provided as soon as it becomes available.

Note: A subcontractor is any person or company hired to perform work that is not issued a W2 form. Only persons receiving an actual W2 are considered your employees

SUBCONTRACTOR	
BUSINESS NAME _____	PHONE () _____ - _____
MAILING ADDRESS: _____	
NUMBER / STREET, HWY, ROAD or P.O. BOX	CITY STATE ZIP CODE
CONTACT: _____	CELL PHONE () _____ - _____
EMAIL ADDRESS: _____	FAX () _____ - _____

SUBCONTRACTOR	
BUSINESS NAME _____	PHONE () _____ - _____
MAILING ADDRESS: _____	
NUMBER / STREET, HWY, ROAD or P.O. BOX	CITY STATE ZIP CODE
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