



Application # _____

CITY OF SOMERSET
Department of Housing, Buildings and Construction

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

Sign Permit Application

PERMIT/SITE ADDRESS _____ FILING DATE: _____

GENERAL SIGN DESCRIPTION _____

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 () _____

ANTICIPATED CONSTRUCTION START DATE ____/____/____ PERMIT FEE \$ _____ INCLUDED? YES NO

SIGN PERMIT APPLICATION CHECKLIST	THE SIGN PERMIT APPLICATION SHALL INCLUDE THE FOLLOWING:
<input type="checkbox"/> A signed and completed Sign Permit Application <input type="checkbox"/> Structural Drawings (<i>if applicable</i>) <input type="checkbox"/> Site Plan w/sign location(s)/distances to adjacent buildings and property lines <input type="checkbox"/> List of General Contractor(s)/Subcontractors with contact information <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> \$100 non-refundable application review deposit. (<i>Deposit will be applied to permit fee</i>)	

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 _____

BUILDING INSPECTOR _____ DATE _____