



**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

## 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 <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REMODEL	EXISTING	SQ FT
<input type="checkbox"/> BUSINESS	15 Cents		NEW	SQ FT
<input type="checkbox"/> DAY CARE CENTERS	15 Cents		PERMIT COST	\$
<input type="checkbox"/> EDUCATIONAL	15 Cents	ANTICIPATED CONSTRUCTION START DATE		
<input type="checkbox"/> FACTORY / INDUSTRIAL	15 Cents	/ /		
<input type="checkbox"/> HIGH HAZARD	16 Cents	IS PERMIT APPLICATION FEE INCLUDED?		
<input type="checkbox"/> INSTITUTIONAL	16 Cents	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> MERCANTILE	15 Cents			
<input type="checkbox"/> RESIDENTIAL	15 Cents			
<input type="checkbox"/> STORAGE	15 Cents			
<input type="checkbox"/> UTILITY/MISCELLANEOUS	13 Cents			

**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)

**NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL "AS-BUILT" DRAWINGS ARE SUBMITTED**

**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.

**SOIL DISTURBANCE INFORMATION**

Disturbed Soil Area: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Disturbed Area \_\_\_\_\_

Total Disturbed Area less than 750 sq/ft?  Yes  No  
*If yes, Sketch Plan is sufficient for application*

Total Disturbed Area between 750 sq/ft to 43,560 sq/ft (1 acre)?  Yes  No  
*If yes, the following documents are required:*  
 Professional Plot Plan  
 Standard SWPPP Form  
 Name and ID of EPSC Certified Contractor

Total Disturbed Area greater than 43,560 sq/ft (1 acre)?  Yes  No  
*If yes, the following documents are required:*  
 Grading/Drainage Plan  
 Name and ID of EPSC Certified Contractor  
 Kentucky General Permit for Construction Discharges (NOC)  
 Stormwater Pollution Prevention Plan (SWPPP)

*For additional information, please refer to the Public Works Stormwater Quality Application Guide.*

**IMPERVIOUS INFORMATION**

Impervious Area: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Area \_\_\_\_\_  
*Impervious Area should include building footprint, driveway and parking areas.*

Is the new Impervious Area greater than 10,000 sq/ft and disturbs greater than 43,560 sq/ft (1 acre)?  Yes  No  
*If yes, the following documents are required in addition to those above:*  
 Stormwater Quality Management Plan (SWQMP) is required. The SWQMP includes the following:  
 Post Construction BMPs Design and Specifications  
 Operation & Management Plan  
 Maintenance Agreement & Filing Fee

*For additional information, please refer to the Public Works Stormwater Quality Application Guide.*

**SITE PLANS REVIEWED AND APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**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 *****				
<b>PERMIT #:</b>		<b>JURISDICTION:</b> <input type="checkbox"/> State <input type="checkbox"/> Local		
<b>DATE ISSUED:</b>		<b>ZONING:</b> <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		
<b>APPROVED BY:</b>		FRONT	SIDE	REAR
<b>CHECK #:</b>	<b>RECEIVED FROM:</b>	<b>SETBACKS</b>	'	'

**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.

**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*

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

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