

Application #	
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CITY OF SOMERSET

Alan L. Keck Mayor

Reggie Chaney City Engineer Department of Housing, Buildings and Construction
Building Inspection Division
306 East Mount Vernon Street
P.O. Box 989
Somerset, KY 42501
Phone: (606) 425-5359
Fax: (606) 677-0688

Joe Lyons Building Inspector

Sign Permit Application

www.cityofsomerset.com

MAIL ADDRESS: NUMBER / STREET, HWY, ROAD OF P.O. BOX CITY STATE CELL PHONE ()	RMIT/SITE ADDRESS_			FILING DATE:_	
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APPROVED BY:		FRONT	SIDE	REAR					
CHECK #: RECEIVED FROM:	SETBACKS	1	•	ı					
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						
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.									
Per KRS 367.4901 through KRS 367.4917									
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									
I,, certify that 8-1-1 has been co	ntacted concern	ning utility	locatio	ns.					