



Application # _____

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		EXISTING	SQ FT														
<input type="checkbox"/> BUSINESS	15 Cents	<input type="checkbox"/> ADDITION																	
<input type="checkbox"/> DAY CARE CENTERS	15 Cents	<input type="checkbox"/> ALTERATION/REMODEL		NEW	SQ FT														
<input type="checkbox"/> EDUCATIONAL	15 Cents	<table border="1"> <thead> <tr> <th colspan="2">BUILDING INFORMATION</th> </tr> </thead> <tbody> <tr> <td># OF UNITS</td> <td>_____</td> </tr> <tr> <td># OF FLOORS</td> <td>_____</td> </tr> <tr> <td># OF BATHS</td> <td>_____</td> </tr> <tr> <td># OF PARKING SPACES</td> <td>_____</td> </tr> <tr> <td>BASEMENT</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>TYPE HEAT</td> <td><input type="checkbox"/> Gas <input type="checkbox"/> Electric</td> </tr> </tbody> </table>				BUILDING INFORMATION		# OF UNITS	_____	# OF FLOORS	_____	# OF BATHS	_____	# OF PARKING SPACES	_____	BASEMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No	TYPE HEAT	<input type="checkbox"/> Gas <input type="checkbox"/> Electric
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<input type="checkbox"/> FACTORY / INDUSTRIAL	15 Cents	PERMIT COST	\$	ANTICIPATED CONSTRUCTION START DATE															
<input type="checkbox"/> HIGH HAZARD	16 Cents	_____ / _____ / _____																	
<input type="checkbox"/> INSTITUTIONAL	16 Cents	IS PERMIT APPLICATION FEE INCLUDED?																	
<input type="checkbox"/> MERCANTILE	15 Cents	<input type="checkbox"/> YES <input type="checkbox"/> NO																	
<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
- A \$285.00 minimum non-refundable application review deposit for commercial plan review.

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.

1. OCCUPANCY CLASSIFICATION	_____	DESCRIPTION OF USE	_____
	OCCUPANCY LETTER		
2. ACTUAL FLOOR AREA	_____	MAX ALLOWABLE AREA	_____
			TABLE 506.2
3. ACTUAL BLDG HEIGHT (FT)	_____	ALLOWABLE HEIGHT (FT)	_____
			TABLE 504.3
4. TOTAL STORIES	_____	ALLOWABLE STORIES	_____
			TABLE 504.4

FEE REQUIRED: \$285.00 minimum \$

FEE SUBMITTED \$

DATE PLAN RECEIVED:

DATE REVIEWED:

FIELD INSPECTOR:

- State Jurisdiction (104.16)
- Worker's Compensation (118.1)
- Fire Suppression Design Criteria Form if required (KRS 198B.560 (4))
- Design professional. (T122.1, KRS 322/323)
- Site survey prepared by a PLS. (105.3)
- Use Group. (Ch. 3)
- PEMB
- Trusses
- Sprinkler System
- Fire Alarm
- Range Hood
- Pool

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 *****				
PERMIT #:		JURISDICTION: <input type="checkbox"/> State <input type="checkbox"/> Local		
DATE ISSUED:		ZONING A ¹ <input type="checkbox"/> B ¹ <input type="checkbox"/> B ² <input type="checkbox"/> B ³ <input type="checkbox"/> I ¹ <input type="checkbox"/> I ² <input type="checkbox"/> R ¹ <input type="checkbox"/> R ^{1A} <input type="checkbox"/> R ² <input type="checkbox"/> R ³ <input type="checkbox"/>		
APPROVED BY:			FRONT	SIDE
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.

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 () _____ - _____	

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SUBCONTRACTOR
BUSINESS NAME _____ PHONE () _____ - _____

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

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USE Group (Occupancy Classification)

Assembly –

A-1 Assembly – Theaters

A-2 Restaurants – Bars

A3 Recreation Centers

A-4 Indoor Sports

A-5 Outdoor Sports

B -

Business Offices

E -

Educational - Schools

F –

Factory -

F1 – Factory Industrial, Moderate Hazard

F2 – Factory, Low hazard

High Hazard –

H1, H2, H3, H4, H5

Institutional –

I-1 Nursing Homes etc.

I-2 Hospitals

I-3 Jails, Prisons

I-4 Daycare Facilities

M -

Mercantile – Retail Stores

Residential – R-1 Residential Hotels, Motels

R-2 Residential multi-family

R-3 Primarily permanent but not classified as R 1,2 or 4 or I

R-4 Residential Single Family

Storage –

S-1 Moderate

S-2 Low

U –

Utility and Miscellaneous