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**Non-Residential** – Describe in detail proposed use of building.

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**Change of Use** - Describe in detail proposed changes,

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**C. Cost of Construction**

a. Cost of improvement

\$ \_\_\_\_\_

b. Electrical

\$ \_\_\_\_\_

c. Plumbing

\$ \_\_\_\_\_

d. Heating, Ventilation &  
Air conditioning

\$ \_\_\_\_\_

e. Other

\$ \_\_\_\_\_

TOTAL COST OF CONSTRUCTION

\$ \_\_\_\_\_

**SELECTED CHARACTERISTICS OF BUILDING**

**PRINCIPAL TYPE OF FRAME**

Masonry (Wall Bearing)

Wood Frame

Structural Steel

Reinforced Concrete

Other – Specify \_\_\_\_\_

\_\_\_\_\_

**DIMENSIONS**

Number of Stories \_\_\_\_\_

Total square feet of floor area based on exterior dimensions \_\_\_\_\_

Total land area, Sq. Ft. \_\_\_\_\_

**TYPE OF SEWAGE DISPOSAL**

Public

Private (septic tank)

**TYPE OF WATER SUPPLY**

Public

Private (well, cistern)

**PRINCIPAL TYPE OF HEATING**

Gas                       Electricity

Oil                               Other -- Specify \_\_\_\_\_

\_\_\_\_\_

**TYPE OF MECHANICAL**

Heat pump -- No. of Units \_\_\_\_\_

Boiler/chiller – No. of units \_\_\_\_\_

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<b>NUMBER OF OFF STREET PARKING</b> <input type="checkbox"/> Enclosed <input type="checkbox"/> Outdoor	<b>RESIDENTIAL BUILDINGS ONLY</b> <input type="checkbox"/> Number of Bedrooms <input type="checkbox"/> Number of Bathrooms <input type="checkbox"/> Full Baths <input type="checkbox"/> Half Baths

**INSURANCE NOTE: *This information must be provided and proof of insurance must be submitted at time of submittal***

Name of Workman’s Comp. Provider \_\_\_\_\_

Name of General Liability Provider \_\_\_\_\_

**IDENTIFICATION – To be completed by all applicants**

OWNER OR LESSEE:	Mailing Address – Number, Street, City, State	Phone
_____	_____	
<b>CONTRACTOR:</b>	Mailing Address – Number, Street, City, State	
_____	_____	
<b>SUB-CONTRACTOR:</b>	Mailing Address – Number, Street, City, State	Phone
_____		

I hereby certify that the proposed work applied for in this application is authorized by the owner of record and that I, owner or representative of the owner, have been authorized to sign this application for a Building Permit. I am aware when signing this application that I and/or the owner agree to conform to all applicable laws of this jurisdiction. This includes all state, local and federal laws, codes, regulations and ordinances.

***Final inspection:*** A representative of the owner or contractor will notify the Building Inspector of the date on which any new or altered structure or new use of the premises will be ready to commence. This inspection shall be called when the building interior and all exterior components of the building are completed. Before a certificate of occupancy is given the sidewalks, decks, porches, parking areas and site grading shall be completed. Copies of the Certificates of approval of the electrical, plumbing and HVAC shall be submitted at the time of this inspection.

I also understand I am completely responsible for the construction of this project including any local planning/zoning requirements prior to occupancy and a final inspection shall be made and a “Certificate of Occupancy” shall be issued by the City of London before the facility may be occupied in whole or part.

**OWNER OR OWNER REPRESENTATIVE**

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**AFFIDAVIT OF ASSURANCES  
PURSUANT OF KRS 198b.060 (10)**

Comes The Applicant, (Please Print Name) \_\_\_\_\_

And states pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for worker's Compensation Insurance (According to KRS Chapter 324) and Unemployment Insurance (according to KRS Chapter 341).

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Signature) \_\_\_\_\_

CONTRACTOR, OWNER OR AGENT

The foregoing Affidavit of Assurance was acknowledged and sworn before me by \_\_\_\_\_, Applicant, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES \_\_\_\_\_, 20\_\_

Any changes made during construction must be agreed to, in writing, by the Building Inspector. The authorization to construct will become null and void if construction does not begin within six (6) months of the date the building permit was issued.

**A COMPLETE SET OF CONSTRUCTION PLANS MUST BE SUBMITTED FOR PLAN REVIEW**

**FOR OFFICE USE ONLY**  
APPLICANT PLEASE DO NOT WRITE BELOW THIS LINE

PLAN REVIEW RECORD			
Date plans submitted	Architect/Engineer/ Designer		Plan approval date

VALIDATION
Building Permit Number _____, Date Permit was issued _____
Permit Fee \$ _____
Approved By: _____ Building Official