

CITY OF LONDON
DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION
Division of Building Code Enforcement
 501 SOUTH MAIN STREET
 LONDON, KENTUCKY 40741
 PHONE (606) 864-8401
 FAX (606) 864-2892
 E-Mail buildinginspector@londonpd.com

EXCAVATION PERMIT APPLICATION

<i>Important</i> – Applicant to complete all items in these sections	
1. LOCATION OF EXCAVATION	Permit Name _____ At (Location) _____ Zoning District ____ (Street Address) Property Parcel No. _____ State Case No.

INSURANCE NOTE: <i>This information must be provided and proof of insurance must be submitted at time of submittal</i>		
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
_____	_____	
_____	_____	
CONTRACTOR:	Mailing Address – Number, Street, City, State	
_____	_____	
_____	_____	

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. 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.

Inspection Notices: I will notify the Building Inspector in writing of the date on which the excavation will commence.

I also understand I am completely responsible for the excavation of this project including any local planning/zoning requirements prior to excavation.

Signature of Applicant	Address _____ _____	Application Date
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**A COMPLETE SET OF STORM WATER POLLUTION PREVENTION PLANS
MUST BE SUBMITTED FOR PLAN REVIEW**

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

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

