



DEPT. OF BUILDING & ELECTRICAL INSPECTION

3700 Coleman Road, Paducah, KY 42001

Phone 270.444-4724 / Fax 270.444-1369

KENTUCKY BUILDING CODE PERMIT APPLICATION

PROJECT INFORMATION

Site Address _____

Business or Project Name _____

OWNER INFORMATION

Last Name or Business _____ First _____

Address _____ City _____ State _____ Zip _____

DESIGN PROFESSIONAL INFORMATION

Architect (Name & Firm) _____ Phone _____

- Is architect responsible for contract administration? Yes ___ No ___

Address _____ City _____ State _____ Zip _____

Engineer (Name & Firm) _____ Phone _____

Address _____ City _____ State _____ Zip _____

CONTRACTOR INFORMATION

Project Contractor _____ Phone _____

Mailing Address _____ Cell _____

BUILDING INFORMATION

Use of Building _____

New Freestanding ___ Addition ___ Renovation ___ Tenant Space ___ Change Of Use ___ Foundation ___

New Floor Area _____ Existing Floor Area _____ Basement (Y/N) _____ No. Of Floor Levels _____

CONSTRUCTION COST

Building _____ Mechanical _____ Electrical _____ Plumbing _____

PLAN SUBMITTALS

Site Plan ___ Soil Report ___ Architectural ___ Structural ___ Mechanical ___ Electrical ___

Sprinkler ___ Alarm System ___ Range Hood ___ Swimming Pool ___

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I further testify that the above information is true and accurate.

Signature _____

Date _____

Departmental Approvals: Zoning _____

Date _____



BUILDING & ELECTRICAL INSPECTION

David Flowers, Director
John Colson, Building Inspector
Ronnie Gilbert, Electrical Inspector

McCracken County Emergency Management Building
3700 Coleman Road
Paducah, KY 42001
Office (270) 444-4724 / Fax (270) 444-1369

ELECTRICAL PERMIT APPLICATION

PROJECT INFORMATION

Site Address _____ Phone# _____
Business or Owner Last Name _____ First _____
Mailing Address _____ City _____ State _____ Zip _____
Occupant Name _____ Phone# _____

CONTRACTOR INFORMATION

Contractors Name _____ Phone# _____
Master Electricians Name _____ CE# _____
Power Company _____ Health Dept. Release # _____ ME# _____

DESCRIPTION OF WORK

Single Family___ Two Family___ Townhouse___ Condominium___ Modular___
Multi-Family___ Basement___ Detached Accessory___ Garage Addition___
Room Addition___ Farm Bldg___ Swim Pool___ HVAC___ Sign___
Service change___ Partial Rewire___ Complete Rewire___ Communication Booster___
Temporary___ Pole Service___ RR Signal___ Commercial___

Description of Commercial Work _____

Contract Price For Commercial Work _____

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Project Name: _____

Project Address: _____

***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 that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20____.

Contractor, Owner or Owner's Agent

The foregoing Affidavit of Assurance was acknowledged and sworn to before

me

by _____, Applicant, on this the ____ day of _____, 20____.

NOTARY PUBLIC
KENTUCKY STATE OF LARGE

MY COMMISSION EXPIRES _____, 20____.

McCracken County Tax Administrator
 PO Box 2658
 Paducah, KY 42002-2658
 270-444-4722/Fax 270-444-4737

Project Name _____
 Site Address _____
 Date Sent _____
 Date Approved _____

Permit will not be issued until Tax Administrator approves all Contractors and Subcontractors. Please fill in all addresses and phone numbers below. Thank you.

Contractor & Subcontractor	Name	Address	Phone
General Contractor			
Framing			
Heating & Air			
Wood/Vinyl Siding			
Electrical			
Paint			
Asphalt Paving			
Sheetrock Hanging			
Sheetrock Finishing			
Masonry			
Footing			
Block			
Roofing			
Insulation			
Trim Inside			
Septic			
Excavating			
Driveway			
Gutters			
Cabinets			
Floors			
Basement			
Plumbing			
Fire Alarms			
Sprinkler Contractor			
Asbestos Removal			

I certify these are the subcontractors that will be working on the project. If any changes are made, I will notify the McCracken County Tax Administrator for approval the day of change.

Signed _____ Date _____