



DEPT. OF BUILDING & ELECTRICAL INSPECTION

3700 Coleman Road, Paducah, KY 42001

Phone 270.444-4724 / Fax 270.444-1369

Haunted House Permit Application

PROJECT INFORMATION

Site Address _____

Building setback from property lines:

Front Rear Left Right

OWNER INFORMATION

Last or Corporate Name _____ First _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____ Cell _____

Description Of Work

General Contractor _____ Phone _____ Cell _____

Building Description: Area _____ Width _____ Length _____ Height _____

Type of Work: _____ Temporary

Type of Construction: _____ Tent _____ Storage Building/Accessory Building

Applicable Sub Codes: _____ Building _____ Electrical

Will the building contain provisions for living, sleeping, eating, cooking, sanitation or used for any business related purpose? _____ Yes _____ No

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 _____