

## ONE AND TWO FAMILY DWELLING PERMIT APPLICATION REQUIREMENTS

- Submit a permit application with all applicable items completed, including inserts, when you construct a new building, construct an addition, or alter existing space.
  1. The permit application must be signed by the property owner or his designated agent and must have a current street address.
- Submit proof of workers compensation insurance, unemployment insurance and if applicable, electricians general liability insurance or
  1. Submit affidavit of exemption, if not required by law or
  2. If permit is obtained by owner then submit an affidavit that all contractors, subcontractors employed under said permit will be covered.
- Submit site plan drawn to scale showing the following:
  1. Lot boundaries;
  2. Structure locations (both proposed and existing);
  3. Proposed building setback distances.
- Submit 2 sets of plans drawn to scale, minimum 1/8 inch, and including the following:
  1. Foundation plan, exterior and interior, showing footing size, pier size and spacing, girder beam size, floor joist specie, size and orientation. If engineered floor system is used then provide a plan from the designer.
  2. Foundation wall detail or basement wall detail. Details shall include size, location and spacing of reinforcement and anchor bolts. Basement wall detail shall include wall height to top of finished floor and height of unbalanced fill at deepest point.
  3. Floor plan indicating the following: room use, ceiling height, window and door sizes and their location, exhaust vent locations, smoke detector location, location of hvac equipment and water heaters, braced wall panel locations including bracing method, support and anchoring.
  4. Roof framing plan showing roof lines, specie, size and orientation of rafters and ceiling joists, any beams or purlins necessary for rafter or ceiling support, any bracing required for support of hip and valley rafters. If trusses are used provide truss spec sheet.
  5. Wall section detail that shows footing, foundation, floor system, wall framing, wall height, exterior sheathing and finish, ceiling/roof framing, roof decking and covering. Indicate if wood structural sheathing is continuous. Indicate the R value of the roof/ceiling, the framed walls and the floor over a crawl space.
  6. Step and stair details.
  7. Portions of buildings not conforming to the KRC or of irregular construction shall be designed according to accepted engineering practice.

NOTE: Detached residential garages shall submit only a site plan that shows the size of building and location on the lot with distances from lot lines and other buildings.

- Submit a copy of the electrical release numbers from the health dept. for both temporary and permanent power.
- After plans have been reviewed and corrections noted a permit will be issued as per fee schedule or will be denied.

***\*NOTICE: Commencing construction activities without required permits will result in a \$500.00 fee in accordance with KRS 109.2.***



DEPT. OF BUILDING & ELECTRICAL INSPECTION

3700 Coleman Road, Paducah, KY 42001

Phone 270.444-4724 / Fax 270.444-1369

One & Two Family Garage/Storage Building Permit Application

PROJECT INFORMATION

Site Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot No. \_\_\_\_\_ Lot Area \_\_\_\_\_

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: \_\_\_\_\_ New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Alteration

Type of Construction: \_\_\_\_\_ Wood Frame \_\_\_\_\_ Steel Frame \_\_\_\_\_ Masonry

\_\_\_\_\_ Concrete \_\_\_\_\_ Post Frame \_\_\_\_\_ Other \_\_\_\_\_

Applicable Sub Codes: \_\_\_\_\_ Building \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ HVAC

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 \_\_\_\_\_



**DEPT. OF BUILDING & ELECTRICAL INSPECTION**

3700 Coleman Road, Paducah, KY 42001

Phone 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 \_\_\_\_\_

**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 \_\_\_\_\_

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.**

<b>Contractor &amp; Subcontractor</b>	<b>Name</b>	<b>Address</b>	<b>Phone</b>
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 \_\_\_\_\_



**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

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\_\_\_\_.