



**COMMERCIAL JOINT APPLICATION FOR
ZONING/BUILDING/ELECTRICAL PERMITS**

2332 Royal Drive, Ft. Mitchell, KY P) 859-331-8980 F) 859-331-8987 www.nkapc.org

1. Is this project required to be licensed by the Cabinet for Health and Family Services (CHFS)?
 No Yes If yes, specify the license number: _____
2. City / County of: _____
3. Address of proposed activity: _____ Suite #: _____
4. Name of strip center or building where the project is located: _____
5. Business name: _____
6. Property Identification Number (PIDN): _____
7. Do you wish for this application to be processed as a fast track? No Yes (1-1/2 times the normal fee, due with application)
8. Do you want this permit to include permit/fees for all electrical work? No Yes (complete all Electrical Contractor info)

9.	Owner	Plans By	Contractor / Builder	Electrical Contractor
Contact				
Company				
Address				
City				
State				
ZIP Code				
Phone #				
Fax #				
Cel #				
Email				
Occupational License *	N/A	N/A		
Fed Tax ID #	N/A	N/A		
	Electrical Contractor #		Master Electrician #	

10. Who is the applicant? Owner Contractor/Builder Architect/Engineer Other
11. Utility company (Required to be completed): Duke Energy Owen Electric Cooperative
12. Is a construction temporary service pole required? No Yes
13. Will electrical service be installed: Overhead or Underground?

14. Description of electrical work to be performed: _____

15. Proposed building activity (Required to be completed):

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> New building | <input type="checkbox"/> Repair / Replacement | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Addition to building | <input type="checkbox"/> Agriculture / Farm exemption | Type: |
| <input type="checkbox"/> Alteration to building | <input type="checkbox"/> Off-street parking / Unloading facility | Height: |
| <input type="checkbox"/> Demolition of building | <input type="checkbox"/> Change of use or occupancy | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Accessory structure | <input type="checkbox"/> Driveway / Access point | <input type="checkbox"/> New |
| <input type="checkbox"/> Building shell permit | <input type="checkbox"/> Footer / foundation and site work only | <input type="checkbox"/> Face Change |
| <input type="checkbox"/> Other: _____ | | |

16. Description of construction activity to be performed: _____

17. Overall estimated cost of project: \$ _____

18. Type of sewage disposal: Public or centralized On-site (septic tank): Sewer permit number _____

19. Type of water supply: Public Private (well, cistern)

20. HVAC: Contractor: _____ License number: _____

21. Is HVAC drawing included with this application? No- Separate permit Yes

22. Is the project located within the floodplain? No Yes

23. Is the project located on an original hillside slope of twenty (20) percent or greater? No Yes

24. How much land area is being disturbed for the proposed project? _____ acres

25. Registered Design Professional in responsible charge: _____

26. If the Registered Design Professional in responsible charge is an architect, is this individual responsible for construction contract administration? No Yes

27. Existing use of building and/or space information:

Building square feet: _____ Number of stories: _____ Construction type: _____

Square feet per floor: _____ Building suppression (sprinkler) : No Yes

No work shall be started until proper permits have been issued. Fees are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate and the burden of proof of its correctness and accuracy is the responsibility of the applicant. The applicant is responsible for meeting all requirements of the National Electric Code and/or the Kentucky Building Code.

28. Owner or Authorized Agent (Signature): _____ Date: _____

29. Owner or Authorized Agent (Please print): _____ Date: _____

----- *To be completed by Administrative Official* -----

Application #: _____		Date Received: _____		
		App.	App. With Conditions	Disapp.
SIC Code: _____	Zoning fee: _____	Zoning	_____	_____
Zone: _____	Building fee: _____	Building	_____	_____
	Electric fee: _____	Electric	_____	_____
	Total: _____	Permit issued:	_____	
		Certificate of Occupancy issued:	_____	
Date: _____	Cash paid: _____	Check #: _____	Credit card app #: _____	
Date: _____	Cash paid: _____	Check #: _____	Credit card app #: _____	

Signature of Administrative Official: _____