



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

2332 Royal Drive, Ft. Mitchell, KY      P) 859-957-2408      F) 859-331-8987      www.nkapc.org

1. 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)
2. City / County of: \_\_\_\_\_
3. Address of proposed activity: \_\_\_\_\_
4. Property Identification Number (PIDN): \_\_\_\_\_ )

	Property 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		
	<b>Electrical Contractor #</b>		<b>Master Electrician #</b>	
	<b>HVAC Contractor Name</b>		<b>Master HVAC #</b>	

5. Utility company (Required to be completed):       Duke Energy       Owen Electric Cooperative
6. Location of electric service:       overhead      or       underground
7. Description of electrical work to be performed: \_\_\_\_\_
8. Is construction temporary service requested?:    Yes       No
9. Indicate the amperage of new/existing service: \_\_\_\_\_      10. Estimated value of electric work: \_\_\_\_\_
11. 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"/> Other: _____		<input type="checkbox"/> Face Change
12. Description of construction activity to be performed: \_\_\_\_\_
13. Overall estimated cost of project: \$ \_\_\_\_\_
14. Type of sewage disposal:       Public or centralized       On-site (septic tank): Sewer permit number \_\_\_\_\_
15. Type of water supply:       Public       Private (well, cistern)

16. Is the project located within the floodplain?  No  Yes
17. Is the project located on an original hillside slope of twenty (20) percent or greater?  No  Yes
18. How much land area is being disturbed for the proposed project? \_\_\_\_\_ acres
19. Subdivision name: \_\_\_\_\_
20. Lot number: \_\_\_\_\_
21. Manufactured home manufacturer: \_\_\_\_\_
22. Modular home- Model number: \_\_\_\_\_
23. Encroachment permit required by:  County  State

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.

24. Owner or Authorized Agent (Signature): \_\_\_\_\_ Date: \_\_\_\_\_
25. 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	_____	_____	_____
Cash paid: _____	Electric fee: _____	Electric	_____	_____	_____
Check #: _____	Total: _____	Permit issued: _____			
Date: _____	Certificate of Occupancy issued: _____				

Signature of Administrative Official: \_\_\_\_\_