

PLAN REVIEW DATA

CITY OF SHELBYVILLE

Division of Code Enforcement

MAILING ADDRESS: 315 Washington St. Shelbyville Ky. 40065

BUILDING CODE: KRC 2018

1. Type of Building: Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Other <input type="checkbox"/> Description: _____				
2. Footer Size:		Footer Depth Below Grade: (Minimum 24")		
3. Foundation Type: Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Basement <input type="checkbox"/>		Basement Type: Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>		
4. Foundation Thickness:	Foundation Materials: Block <input type="checkbox"/> Concrete <input type="checkbox"/>		Basement Foundation Design:	Wall Height: _____ Max Backfill: _____
5. Girder Size/Type:	Girder Pier Spacing:		Special Beams:	
6. Sill Plate Fastener Type: Bolts <input type="checkbox"/> (6 ft. o. c.) Straps <input type="checkbox"/> (3 1/2 ft. o. c.) Other <input type="checkbox"/>				
7. Floor Joists: First Floor _____ Spacing _____ O.C. Other _____ Second Floor _____ Spacing _____ O.C.				
8. Floor Sheathing: Type/Thickness _____		Roof Sheathing: Type/Thickness _____		
9. Stud size: _____ First Floor _____ Second Floor		Spacing Standard: _____ First Floor _____ Second Floor		Girder or foundation wall (basement) studs: _____ Size _____ Spacing
10. Ceiling Joist: Size: _____ Spacing: _____ O.C.		Will there be attic storage? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Rafters: Standard Size: _____ Spacing: _____ O.C. Other: _____		Roof Trusses: (Must be pre-engineered) Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____		
12. Attached Garage: (Door to house must have 20 min. fire rating) Drywall Type: _____		Storage Above: Yes <input type="checkbox"/> No <input type="checkbox"/>		Living Space Above: Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Safety Glazing: Within 24" of a door? Yes <input type="checkbox"/> No <input type="checkbox"/>		Glazing in a tub area? Yes <input type="checkbox"/> No <input type="checkbox"/>		Glazing larger than 9 sq. ft. and located within 18" of the floor? Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Fireplace: (ALL FIREPLACES MUST HAVE EXTERIOR AIR SUPPLY) Yes <input type="checkbox"/> No <input type="checkbox"/> Masonry <input type="checkbox"/> Factory Built <input type="checkbox"/>		Decorative Gas Appliance: Yes <input type="checkbox"/> No <input type="checkbox"/>		
15. Brick Veneer? (WEATHER RESISTANT MEMBRANE REQUIRED) Yes <input type="checkbox"/> No <input type="checkbox"/>				
16. Heating System Type: Gas <input type="checkbox"/> Electric <input type="checkbox"/> Location: _____				
17. Energy: Compliance with the KRC and 2009 IECC is required. Note: One of the following methods is required. <input type="checkbox"/> Minimum values as per KRC <input type="checkbox"/> Alternative Method: Must provide Design Performance sheets from ResCheck, or RemDesign or HERS Rater at time of permit.				
18. Is a wood deck to be constructed? Yes <input type="checkbox"/> No <input type="checkbox"/> Size: _____ Height Above Grade: _____				

Notes: