

CITY OF SHELBYVILLE

Division Of Code Enforcement

EXISTING ONE & TWO FAMILY**RESIDENTIAL BUILDING
PERMIT APPLICATION**Mailing Address:
P.O.Box 1289
Shelbyville Ky. 40066Physical Address:
315 Washington St.
Shelbyville, Ky. 40065

Phone: 502-633-8000

Fax: 502-633-4292

Construction Address:		Parcel:	Zone:
Subdivision:	Unit:	Section:	Block:
Owner:		Phone:	
Address:	City:	State:	Zip:
Contractor:		Phone:	
Address:	City:	State:	Zip:
Contact Name & Phone:		E-mail Address:	
Type of Work:		Construction Cost:	
<input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Acc. Structure <input type="checkbox"/> Other		Addition: Remodel:	
Buildings:	Units:	Stories:	Bedrooms:
			Bathrooms:
			Total Rooms:
Basement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Floodplain:	<input type="checkbox"/> Out <input type="checkbox"/> In Release Date:
Building Plans:	Submitted:	PERMIT FEES:	
<input type="checkbox"/> Plat <input type="checkbox"/> Site Plan <input type="checkbox"/> Wall Sections <input type="checkbox"/> Engineer Letter <input type="checkbox"/> Framing Plans <input type="checkbox"/> Elevations <input type="checkbox"/> Floor Plans <input type="checkbox"/> BOA or BOAR <input type="checkbox"/> Other : _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Building: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
Inspector Name & Phone:		Remodel: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
It is your responsibility to contact your inspector and obtain the following inspections:		Acc. Struct: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
<input type="checkbox"/> Footing <input type="checkbox"/> Framing <input type="checkbox"/> Final		Plan Review Fee..... \$ 35.00	
Building Inspection Approval & Date		Other: _____ \$ _____	
PERMIT CONDITIONS:		TOTAL AMOUNT DUE: \$ _____	
<input type="checkbox"/> AC/DC smoke detector required on each level. <input type="checkbox"/> Call KY Underground Protection two working days before you dig. (Dial 811) <input type="checkbox"/> Certificate of Occupancy required prior to use. <input type="checkbox"/> Electrical work must be permitted by a licensed electrical contractor or homeowner and obtain a rough-in and final electrical inspection. <input type="checkbox"/> Must comply with the 2018 KRC and Triple S Planning & Zoning <input type="checkbox"/> Must meet all deck requirements with manufactured approved metal connectors and fasteners for ACQ treated material. <input type="checkbox"/> Must observe all easements		Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other/Agent <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # : _____	
ADDITIONAL PERMIT CONDITIONS:			
I, hereby swear, affirm and certify, that I am the owner of record of this property, or that the owner of record has authorized me to make this application as his lawfully authorized agent. I agree to all above permit conditions and will comply with all applicable building codes, zoning ordinances and other laws pertaining to the construction and occupancy of the property. I understand that any false or inaccurate information on this application or the approved plans may result in revocation of the permit under the building code and any other appropriate legal action, including but not limited to criminal prosecution. No deviation from the approved plan is allowed without prior approval from the Division of Building Inspection.			
Name: _____		Signature: _____	
		Date: _____	
Notary Public: _____		Commission Expires: _____	
		Notary ID _____	
		Date: _____	