



City of Bellevue
616 Poplar Street, 41073, (859)431-8866, FAX (859)261-8387
Permit Application

TYPE: (Check all that apply) **DEMOLITION** **PARKING PAD** **SHED**
 DRIVEWAY **PATIO** **HVAC**
 ELECTRIC **PLUMBING**
OTHER _____

1. Property Address: _____
2. Property Owner: _____
Address: _____ Phone: _____
3. Contractor: _____
Phone: _____ Bellevue Occupational License#: _____
4. HVAC Contractor: _____
Phone: _____ Bellevue Occupational License#: _____ State License#: _____
5. Electrician: _____
Phone: _____ Bellevue Occupational License#: _____ State License#: _____
6. Plumber: _____
Phone: _____ Bellevue Occupational License#: _____ State License#: _____
7. **TOTAL ESTIMATED COST OF PROJECT (LABOR AND MATERIALS):** \$ _____
8. The owner of this property and undersigned do hereby certify that the information and statements given on this application, drawings, and specifications are to the best of their knowledge, true and correct.

Signature of Applicant _____ Title: _____
Address: _____ Date: _____
Applicant's E-mail Address: _____

In accordance with House Bill 1 of the 1996 Extra Session of the General Assembly, you are required to have Proof of Worker's Compensation Insurance or a signed affidavit stating the individual is exempt from the state worker's compensation laws, prior to the issuance of the permit.

DO NOT WRITE BELOW THE LINE [OFFICE USE]

APPROVAL AND FEES

1. **FEES:**
 - Zoning \$ _____
 - Building \$ _____
 - Other \$ _____
 - Cert. Of Occupancy \$ _____
 - Total \$ _____
 - Fee Received \$ _____

2. ZONE: _____

3. CONDITIONS OF APPROVAL

ZONING ADMINISTRATOR DATE

BUILDING INSPECTOR DATE