



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

TYPE: (Check one)

- | | |
|---|---|
| <input type="checkbox"/> SINGLE FAMILY | <input type="checkbox"/> MULTI-FAMILY |
| <input type="checkbox"/> BUSINESS | <input type="checkbox"/> BUSINESS REMODEL |
| <input type="checkbox"/> ADDITION/REMODEL | <input type="checkbox"/> DETACHED GARAGE |

1. Property Address: _____
2. Property Owner: _____
Address: _____ Phone: _____
3. Developer: _____
Phone: _____ Bellevue Occupational License #: _____
4. General Contractor: _____
Phone: _____ Bellevue Occupational License #: _____
5. Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____
6. HVAC Contractor: _____
Phone: _____ Bellevue Occupational License #: _____ HVAC License #: _____
7. Electrician: _____
Phone: _____ Bellevue Occupational License #: _____ NKEA License #: _____
8. Plumber: _____
Phone: _____ Bellevue Occupational License #: _____ State License #: _____
9. **TOTAL ESTIMATED COST OF PROJECT (LABOR AND MATERIALS):** \$ _____

ADDITIONAL SUBCONTRACTORS:

- Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____
- Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____
- Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____
- Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____
- Subcontractor: _____
Phone: _____ Bellevue Occupational License #: _____

ZONING AND CONSTRUCTION
******TWO (2) SETS OF PLANS SHALL BE SUBMITTED******

IN ADDITION TO YOUR PLANS, COMPLETE THE FOLLOWING ITEMS THAT APPLY TO YOUR PROJECT

ZONING SETBACKS:

1. DISTANCE FROM HOUSE / BUILDING TO PROPERTY LINES (FT): FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____
2. DISTANCE FROM DETACHED GARAGE TO PROPERTY LINES (FT): FRONT _____ REAR _____ LEFT SIDE _____ RIGHT SIDE _____

FLOOR PLAN:

1. TOTAL SQUARE FEET OF PROJECT: _____
2. ROOM SIZES (SQ. FT.): LIVING _____ DINING _____ KITCHEN _____ BATH(1) _____ BATH(2) _____ OTHER _____
BED(1) _____ BED(2) _____ BED(3) _____ BED(4) _____ OTHER _____ OTHER _____
3. CEILING HEIGHT(FT): _____
4. WINDOW SIZES - INDICATE ROOM, SIZE & OPENABLE AREA (EX: BEDROOM ONE, 3 X 5, 7 SQ. FT.): _____

5. STAIRWAY(S): HEADROOM: _____ (ft.) WIDTH _____ (in.) TREAD DEPTH _____ (in.) RISER HEIGHT _____ (in.)
6. SMOKE DETECTORS: INTERCONNECTED (Y OR N) _____ ELECTRIC WITH BATTERY BACK-UP (Y OR N) _____
LOCATIONS (EXPLAIN): _____

FOOTING SYSTEM:

1. DEPTH: _____ WIDTH: _____ THICKNESS: _____
2. _____ CONSTRUCTED ON UNDISTURBED FILL _____ ENGINEERED FILL (STAMPED KY CERTIFIED ENGINEERED PLANS INCLUDED)
3. COMPRESSION STRENGTH OF CONCRETE: _____
4. NUMBER & SIZE OF STEEL: _____ _____ HORIZONTAL _____ VERTICAL _____ BOTH
5. _____ KEY WAY INSTALLED _____ OTHER (EXPLAIN) _____

OR

1. _____ FOOTING SYSTEM ENGINEERED (STAMPED KY CERTIFIED ENGINEERED PLANS INCLUDED)

FOUNDATION SYSTEM:

1. THICKNESS: _____
2. COMPRESSION STRENGTH OF CONCRETE: _____ AIR ENTRAINED: Y OR N
3. NUMBER & SIZE OF STEEL: _____ EXPLAIN LOCATION: _____
4. _____ ANCHOR BOLTS IMBEDDED 7 INCHES INTO CONCRETE, NO MORE THAN 6' O.C. AND NO MORE THAN 12" FROM CORNERS
5. TYPE OF DRAINAGE (EXPLAIN): _____

6. TYPE OF DAMPROOFING (EXPLAIN): _____

OR

1. _____ FOUNDATION SYSTEM ENGINEERED (STAMPED KY CERTIFIED ENGINEERED PLANS INCLUDED)

FRAMING SYSTEM:

1. TYPE OF LUMBER (EX: SOUTHERN PINE #2 DENSE): _____
2. **FLOORS:** GIRDER / BEAM: _____ X _____ DOUBLE _____ TRIPLE _____
 SPAN (FT) _____ SPACE BETWEEN GIRDERS OR LOAD BEARING WALLS (FT) _____
 FLOOR JOISTS: _____ X _____ INCHES ON CENTER: _____ SPAN (FT): _____
 SHEATHING: TYPE & THICKNESS: _____
3. **WALLS:** STUD SIZE: _____ X _____ INCHES ON CENTER: _____ FIRESTOPPING INSTALLED: Y OR N
 SHEATHING: TYPE & THICKNESS: _____
- WINDOW & DOOR HEADERS: _____ X _____ SPAN (FT): _____ GARAGE HEADER: _____ X _____ SPAN (FT): _____
4. **ROOF:** SLOPE: _____ UNDERLAYMENT _____ COVERING _____
 CEILING JOISTS: _____ X _____ INCHES ON CENTER: _____ SPAN (FT): _____
 RAFTERS: _____ X _____ INCHES ON CENTER: _____ SPAN (FT): _____
 SHEATHING: TYPE & THICKNESS: _____

OR

_____ ENGINEERED TRUSS SYSTEM (STAMPED KY CERTIFIED ENGINEERED PLANS INCLUDED)

OR

1. _____ FRAMING SYSTEM ENGINEERED (STAMPED KY CERTIFIED ENGINEERED PLANS INCLUDED)

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. The owner of the property and undersigned acknowledge that it is their responsibility to schedule all required inspections.

Signature of Applicant _____
 Address: _____
 Title: _____ Date: _____

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 THIS LINE [OFFICE USE]

APPROVAL AND FEES

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

2. ZONE: _____

ZONING ADMINISTRATOR **DATE**

BUILDING INSPECTOR **DATE**