

**NEW RESIDENTIAL
BUILDING PERMIT APPLICATION**

CITY OF SHELBYVILLE

Division of Code Enforcement

MAILING ADDRESS: 315 Washington St. Shelbyville Ky. 40065

Construction Location:					Zone:	
Owner:					Phone:	
Address:						
City:					State:	Zip:
Contractor:					Phone:	
Address:						
City:					State:	Zip:
Lot No.:		Subdivision:			Phase:	Plat Date:
Unit:	Section:	Subsection:	Block:	Sewer: <input type="checkbox"/>	Construction Cost:	
				Septic: <input type="checkbox"/>		
# of Buildings:	# of Units:	# of Stories:	# of Habitable Rooms:	# of Bedrooms:	# of Baths:	# of 1/2 Baths:
Foundation : Slab <input type="checkbox"/> Crawl <input type="checkbox"/>			Basement: Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>			
Floodplain: In <input type="checkbox"/> Out <input type="checkbox"/> Released <input type="checkbox"/>				Flood Protective Elevation:		
				Sq. Ft.		Total \$
Living area all finished floors including basements, attached and basement garages, covered porches, stoops, breezeways and decks					X .14	
Administrative Fee					5.00	
Plan Review Fee					35.00	
Zoning Permit (Triple S Planning)					Received <input type="checkbox"/>	
Paving and driveways (Dept. of Public Works)					Received <input type="checkbox"/>	
Business License Current				<input type="checkbox"/> Yes	<input type="checkbox"/> NO	
PAID BY: Cash <input type="checkbox"/> Check <input type="checkbox"/> Check #:					\$	
NOTES: <ul style="list-style-type: none"> • SOME TYPES OF CONSTRUCTION MAY REQUIRE FIRE-RESISTIVE WALL SYSTEMS. • TERMITE INSPECTION REPORT REQUIRED PRIOR TO ISSUANCE OF CERTIFICATE. • FRAMING INSPECTION MUST BE SCHEDULED PRIOR TO DRYWALLING. • CERTIFICATE OF OCCUPANCY, ISSUED UPON FINAL INSPECTION BY THIS OFFICE, IS REQUIRED PRIOR TO THE OCCUPANCY OF THIS BUILDING. 						
REVIEW NOTES:						
THE UNDERSIGNED HEREBY CERTIFIES THEY ARE THE OWNER OR THE OWNERS'S AGENT OF THE ABOVE PROPERTY AND THAT THEY HAVE RECEIVED AND UNDERSTAND THE "EROSION CONTROL REQUIREMENTS FOR HOMEBUILDERS".						
SIGNATURE: _____				DATE: _____		
WORKER'S COMP CERT. ON FILE - EXP. DATE: _____				LIABILITY INSURANCE EXP. DATE _____		
APPROVED BY: _____				DATE _____		