

**PLAN REVIEW DATA**

**CITY OF SHELBYVILLE**

Division of Code Enforcement

MAILING ADDRESS: 315 Washington St. Shelbyville Ky. 40065

<b>BUILDING CODE: KRC 2013</b>			
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:		Basement Type:	
Slab <input type="checkbox"/> Crawl <input type="checkbox"/> Basement <input type="checkbox"/>		Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>	
4. Foundation Thickness:		Basement Foundation Design:	
Foundation Materials: Block <input type="checkbox"/> Concrete <input type="checkbox"/>		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:		Spacing Standard:	
_____ First Floor    _____ Second Floor		_____ First Floor    _____ Second Floor	
		Girder or foundation wall (basement) studs: _____ Size    _____ Spacing	
10. Ceiling Joist:		Will there be attic storage?	
Size: _____ Spacing: _____ O.C.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Rafters:		Roof Trusses: (Must be pre-engineered)	
Standard Size: _____ Spacing: _____ O.C.		Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	
12. Attached Garage: (Door to house must have 20 min. fire rating)		Storage Above:	
Drywall Type: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Living Space Above: Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Safety Glazing:		Glazing in a tub area?	
Within 24" of a door? Yes <input type="checkbox"/> No <input type="checkbox"/>		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)		Decorative Gas Appliance:	
Yes <input type="checkbox"/> No <input type="checkbox"/> Masonry <input type="checkbox"/> Factory Built <input type="checkbox"/>		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:			