

CITY OF SHELBYVILLE

Division Of Code Enforcement

EXISTING ONE & TWO FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION

Mailing Address:
P.O.Box 1289
Shelbyville Ky. 40066

Physical Address:
315 Washington St.
Shelbyville, Ky. 40065

Phone: 502-633-8000

Fax: 502-633-4292

Construction Address:		Parcel:	Zone:		
Subdivision:	Unit:	Section:	Block:	Lot #:	
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:		<u>PERMIT FEES:</u>	
<input type="checkbox"/> Plat <input type="checkbox"/> Site Plan <input type="checkbox"/> Wall Sections <input type="checkbox"/> Engineer Letter		<input type="checkbox"/> Yes <input type="checkbox"/> No		Building: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
<input type="checkbox"/> Framing Plans <input type="checkbox"/> Elevations <input type="checkbox"/> Floor Plans <input type="checkbox"/> BOA or BOAR				Remodel: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
<input type="checkbox"/> Other : _____				Acc. Struct: _____ Sq. Ft. (X .14 Min. 50) \$ _____	
Inspector Name & Phone:				Plan Review Fee..... \$ 35.00	
It is your responsibility to contact your inspector and obtain the following inspections:				Other: _____ \$ _____	
<input type="checkbox"/> Footing <input type="checkbox"/> Framing <input type="checkbox"/> Final				TOTAL AMOUNT DUE: \$ _____	
Building Inspection Approval & Date				Paid By: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other/Agent	
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # : _____	
<u>PERMIT CONDITIONS:</u>		<u>ADDITIONAL PERMIT CONDITIONS:</u>			
<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					
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: _____	

PLAN REVIEW DATA

CITY OF SHELBYVILLE

Division of Code Enforcement

MAILING ADDRESS: 315 Washington St. Shelbyville Ky. 40065

BUILDING CODE: KRC 2018

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:	Foundation Materials:	Basement Foundation Design:	Wall Height: Max Backfill:
	Block <input type="checkbox"/> Concrete <input type="checkbox"/>		
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:		Roof Sheathing:	
Type/Thickness		Type/Thickness	
9. Stud size:	Spacing Standard:	Girder or foundation wall (basement) studs:	
_____ First Floor _____ Second Floor	_____ First Floor _____ Second Floor	_____ 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:	Living Space Above:
Drywall Type: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Safety Glazing:	Glazing in a tub area?	Glazing larger than 9 sq. ft. and located within 18" of the floor?	
Within 24" of a door? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	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: