

DATE RECEIVED _____ PERMIT # _____

PLAN REVIEW AND BUILDING PERMIT APPLICATION

City of Mount Sterling
33 N. Maysville St.
Mt. Sterling, KY 40353
Robert Bliss, Building Department
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Phone (859) 498-8725

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LOCATION _____
NUMBER STREET

BETWEEN _____ AND _____
CROSS STREET CROSS STREET

PARCEL # _____ LOT# _____ ZONING _____

OWNER

Name: _____

Address: _____

Phone: Home/Cell _____ Email: _____
(Circle One)

CONTRACTOR

Name: _____ Business Name: _____

Address: _____

Phone: Office/Cell _____ Email: _____
(Circle One)

PROPOSED WORK: NEW CONSTRUCTION/ADDITION _____ ALTERATION _____ ACCESSORY STRUCTURE _____ DEMOLITION _____

BRIEF DESCRIPTION OF WORK TO BE PERFORMED: _____

Total Cost (Include all trades, Exterior and Landscaping): \$ _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant

Date

BOTH SIDES

<p style="text-align: center; background-color: #cccccc; margin: 0;">TYPE OF FRAMING</p> <p><input type="checkbox"/> Masonry (Wall Bearing)</p> <p><input type="checkbox"/> Wood Frame</p> <p><input type="checkbox"/> Structural Steel</p> <p><input type="checkbox"/> Reinforced Concrete</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p style="text-align: center; background-color: #cccccc; margin: 0;">PRINCIPLE HEATING TYPE</p> <p><input type="checkbox"/> Gas</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Coal</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>	<p style="text-align: center; background-color: #cccccc; margin: 0;">TYPE OF SEWAGE DISPOSAL</p> <p><input type="checkbox"/> Public or Private Company</p> <p><input type="checkbox"/> Private (Septic)</p> <p style="text-align: center; background-color: #cccccc; margin: 0;">TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> Public or Private company</p> <p><input type="checkbox"/> Private (Well)</p> <p style="text-align: center; background-color: #cccccc; margin: 0;">MECHANICAL</p> <p style="padding-left: 20px;">Air Conditioning</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p style="text-align: center; background-color: #cccccc; margin: 0;">DIMENSIONAL</p> <p>Number of Stories _____</p> <p>Total Square Feet – Based on Exterior Dimensions _____</p> <p>Number or Bedrooms _____</p> <p>Number of Bathrooms _____</p>
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USE OF DUMPSTERS AND/OR PORTABLE-ON-DEMAND STORAGE

LOCATION WHERE DUMPSTER OR POD IS TO BE PLACED

NUMBER STREET

BETWEEN _____ AND _____

CROSS STREET CROSS STREET

PARCEL # _____ LOT# _____ ZONING _____

DATE DUMPSTER/POD TO BE PLACED _____ REMOVED _____

Contractor

Property Owner Name: _____ Business Name: _____

Address: _____

Phone: Home/Cell _____ Email: _____

(Circle One)

Pod or Dumpster Company Contact Information:

Name: _____

Full Address: _____

Phone Number: _____

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant
Date