

City of Mount Sterling

33 North Maysville Street

Mt. Sterling, KY 40353

Jeff D. Prater, Building Inspector
Planning and Zoning Administrator

Telephone: (859) 498-8725
Fax: (859) 498-8727

APPLICATION FOR PLAN EXAMINATION - BUILDING-DEMOLITION-SIGN-ZONING PERMIT

1. (I) LOCATION ADDRESS _____ **ZONING** _____
OF PROPERTY: _____ **DISTRICT:** _____
EMERGENCY 911 ASSIGNED _____
ADDRESS: _____
SUBDIVISION _____ **LOT** _____
AND LOT NO. _____ **SIZE** _____
NAME OF OWNER/BUSINESS _____ **TELEPHONE** _____
OR LESSEE _____ **NUMBER:** _____
MAILING ADDRESS FOR _____
OWNER/BUSINESS OR LESSEE: _____ **E MAIL** _____
_____ **ZIP** _____ **TELEPHONE** _____
(Name of Applicant) _____
PERMIT HOLDER: _____ **NUMBER** _____
MAILING ADDRESS OF _____
PERMIT HOLDER: _____ **E MAIL** _____
_____ **ZIP** _____

2. (II) NAME _____
OF CONTRACTOR _____ **TELEPHONE** _____
BUILDER: _____ **NUMBER:** _____
MAILING ADDRESS OF _____
CONTRACTOR _____ **E MAIL** _____
BUILDER _____
NAME OF DESIGN PROFESSIONAL _____
ARCHITECT _____ **TELEPHONE** _____
OR ENGINEER _____ **NUMBER:** _____
MAILING ADDRESS FOR _____
DESIGN PROFESSIONAL _____ **E MAIL** _____
_____ **ZIP** _____

3. (III) Mark And Explain If Applicable
Proposed Work: New Construction Addition Accessory Structure Demolition Renovation Landscaping
 Change Of Use/Store Fit Up Signage Other
Explain / Describe In Detail _____
Proposed Use Of Property. Attach _____
Drawings/Plans/Photographs _____
Including But Not Limited To Zoning, _____
Landscaping Buffers, Height, _____
Number Stories, Nonconforming Uses _____
Has The Board Of Adjustment Granted A Conditional Use Permit Or Variance On This Property? NO YES
(If Yes Please Explain / Describe In Detail
Date, Recorded And Reference #) _____

4. (IV) What type of (Mark all that apply)
Building-Sign-Zoning Project is this? Elevator Residential Business Single Family
 Townhouse Condominium Two Or More Family Hotel Motel Free Standing
 Or Wall Signage Wrecking/Demolition Other (Explain) _____

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5. (V) Construction Project Foundation

Explain drainage, ventilation. _____ Basement _____ Crawl _____ Slab _____ Monolithic _____ Post & Beams

Attach Plans/Drawings foundation Details.

If this is sign project what length is the front _____ Engineered Foundation System (Explain) _____ Signage (Explain)

of the store/building. Describe (attach drawings, photographs

professional/engineer details) supports, fastening details.

How many/what is the sq. ft. in sign(s). (EXPLAIN)

6. (VI) Structural Type

Construction _____ Masonry _____ Wood _____ Steel _____ Concrete _____ Other Specify _____

Roof _____ Roof _____

Framing _____ Truss _____ Rafters _____ Covering _____ Shingle _____ Metal Specify _____

Type Of Energy

_____ Electric _____ Nat. Gas _____ L.P. gas _____ Other explain: _____

Type Heating

And Cooling, Explain: (Energy Efficiency Geo Thermal Etc.) _____

Type Of Exterior Wall Insulation

R Value Doors and Windows _____

Energy Conservation, Use of

Trees, Landscaping Etc. _____

7. (VII)

COST OF PROJECT

Include Electrical, Plumbing, Heating, Air Conditioning,

Elevator, Other (walks, drives, landscaping, etc.)

TOTAL COST _____ \$ _____

8. (VIII) Number Of Off Street

Parking Spaces Provided _____ Enclosed Garage _____ Covered Carport _____ Driveway Width _____

Number Of: _____ Number Of: _____ Number Of: _____ Number Of _____

How Many? _____ How Many? _____ How Many? _____ How Many _____

_____ Units _____ Stories _____ Square Feet In Each Story

Number Of: _____ Number Of: _____ Number Of: _____ Number Of: _____

How Many? _____ How Many? _____ How Many? _____ How Many? _____

_____ Bedrooms _____ Full Bathrooms _____ Partial Baths

Total Number Of Square Feet Under Roof

(Including Garages, Carports, Porches, Covered Decks) _____

9. (IX)

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 The Applicant

Mailing Address

Date

CITY OF MOUNT STERLING DEPT USE ONLY

10. (X) EXAMINER NOTES

Phone 859-498-8725
Fax 859-498-8727

AFFIDAVIT OF ASSURANCES
PURSUANT TO KRS 198B.060 (10)

Case Number: _____

Project Name/Address: _____

City/County: _____

Comes the Applicant, (Please Print Name) _____
and states pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or
that will be employed on any activity under the above referenced project shall be in compliance
with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance
(according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

This the _____ day of _____, 20 _____

SIGN BY PERSON PURCHASING PERMIT
CONTRACTOR, OWNER OR OWNERS AGENT

The foregoing Affidavit of Assurances was acknowledged and sworn to before me by

_____, Applicant, on this the _____ day
of _____, 20 _____.

JEFF D. PRATER, NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES: February _____, 200 _____.

NOTE: This Affidavit of Assurances shall be submitted for any project under State jurisdiction
and where there is no local building official. Persons claiming exemption to the Workers
Compensation Laws should file an Affidavit of Exemption with the Kentucky Department of
Workers Claims, Division of Security & Compliance, 1270 Louisville Road, Ky. 40601.
(800/554-8601).