PLAN APPLICATION FORM
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
500 MERO ST, 1ST FLOOR
FRANKFORT, KENTUCKY 40601-1987
BUILDING CODES: 502/ 573-0373   PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces   **Today's Date:**   REV 12/2019

NAME OF PERSON SUBMITTING PLANS	Phone ( ) - Ext	*IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?*	☐ Yes ☐ No

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE
FAX:	**EMAIL:**	**SEND APPROVAL LETTER VIA: FAX ☐ EMAIL ☐ POSTAL ☐**	

BUSINESS & PROJECT NAME:
(Or tenant name if multi-tenant building)   *PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW*

PROJECT LOCATION: KY

NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes)	CITY	STATE	ZIP CODE

IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:

PROJECT LOCATED WITHIN CITY LIMITS?   ☐ Yes   ☐ No   COUNTY

OWNER (INDIVIDUAL & COMPANY)	PHONE ( ) - Ext

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE
FAX:	**EMAIL:**		

ARCHITECT (NAME & FIRM)	PHONE ( ) - Ext

AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION   ☐ Yes   ☐ No

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE
FAX:	**EMAIL:**		

NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only.

ENGINEER (NAME & FIRM)	PHONE ( ) - Ext

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE
FAX:	**EMAIL:**		

PROJECT CONTRACTOR	PHONE ( ) - Ext

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE
FAX:	**EMAIL:**		

BUILDING   INFORMATION

NUMBER OF BUILDINGS IN THIS SUBMITTAL:	**USE OF BUILDING(S)** ie...restaurant, office, classroom, storage or other (please specify)	

BUILDING(S) IN THIS PROJECT IS / ARE:	☐ NEW FREESTANDING BUILDING	☐ NEW ADDITION TO EXISTING STRUCTURE	☐ RENOVATION ONLY	☐ RENOVATION & ADDITION

TOTAL AREA IN NEW BLDG. OR ADDITION:	FT²	**NUMBER OF LEVELS** (INCLUDING BASEMENT):		**BASEMENT** ☐ Yes	☐ No
TOTAL AREA IN EXISTING BLDG.:	FT²	**DATE CONSTRUCTION TO BEGIN:**		**ESTIMATED COMPLETION DATE:**	

TYPE   OF   PLAN   SUBMITTALS

BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		**SHOP DRAWING PLAN SUBMITTALS** (Check the type of evaluations requested at this time)	

BUILDING PLAN REVIEW (BCE)		**PLUMBING PLAN REVIEW**					
Full Building Review	☐	Plumbing Review *ONLY*	☐	Suppression System (Sprinkler, CO², Etc.)	☐	Range Hood System	☐
Expedited Site & Foundation Review	☐	Water Supply Review	☐	Alarm Systems	☐	Fuel Tank	☐
		Waste Water Review	☐	Boiler System	☐	Elevator	☐
		Other (please specify)	☐	Bleacher Seating	☐	Swimming Pool	☐
						Prefabricated Truss	☐
SUBMIT ONLY ONE SET FOR BCE		SUBMIT 3 SETS OF PLANS FOR PLB		*SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE*			

THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)

DESIGN CAPACITY OF BUILDING:	NO. OF MALES	NO. OF FEMALES	**ARE RESTROOMS ACCESSIBLE TO PUBLIC?**	☐ Yes ☐ No
SEWAGE DISPOSAL:	TYPE: ☐ Municipal	☐ Private	**ARE RESTROOMS ACCESSIBLE TO DISABLED?**	☐ Yes ☐ No

WATER SUPPLY:
☐ **PUBLIC**   ☐ **DRILLED WELL**   ☐ **CISTERN**   ☐ **HAULED WATER**   ☐ **ROOF WATER**   ☐ **SPRING**   ☐ **STREAM**

IF PRIVATE, INDICATE THE TYPE AND THE DESIGN:

BY WHOM:

NAME	TITLE	REGISTRATION NUMBER

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending **Plumbing Plans** to Frankfort)	**THIS AREA FOR OFFICE USE ONLY**
REVIEWED BY:	
NAME	
TITLE DATE	
*APPROVED BY (*COUNTY OR DISTRICT HEALTH DEPARTMENT)	