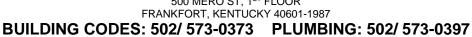


APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)

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





NOTE: Complete all applicable spaces Today's Date:					REV 12/2019		
NAME OF PERSON SUBMITTING PLANS		Phone	() -	Ext	IS THE BCE PLAN RI INCLUDED WITH PLA	1 1 NO	
MAILING ADDRESS:	NUMBER / CTR	FET LIMIV DOAD or D. O. DOV			NITY.	CTATE ZID CODE	
FAX:	NUMBER / STR	EET, HWY, ROAD or P. O. BOX EMAIL:			SEND APPROVAL LETTER POSTAL□	STATE ZIP CODE	
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 IS EXISTING, PLEASE NOTE PREVIOUS NAME: PROJECT LOCATED WITHIN CITY LIMITS? Yes No COUNTY							
OWNER (INDIVIDUAL & COMPANY)					PHONE ()	- Ext	
MAILING ADDRESS:						-	
FAX:	IUMBER / STRE	ET, HWY, ROAD or P. O. BOX	EMAIL:	CIT	Y	STATE ZIP CODE	
ARCHITECT (NAME & FIRM)					PHONE ()	- Ext	
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION					☐ Yes	□ No	
MAILING ADDRESS:	IUMBER / STRE	ET, HWY, ROAD or P. O. BOX		CIT	Y	- STATE ZIP CODE	
FAX:		· · ·	EMAIL:				
NOTE: <u>DESIGN CERTIFICATION REQUIRED</u> . 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	
	IUMBER / STRE	ET, HWY, ROAD or P. O. BOX		CIT	Y	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 USE OF BUILDING(S) ierestaurant, office, classroom, storage or							
SUBMITTAL: BUILDING(S) IN THIS PROJEC	NG(S) IN THIS PROJECT IS / ARE		other (please specify) NEW FREESTANDING NEW ADD BUILDING EXISTING ST				
TOTAL AREA IN NEW BLDG. OR ADDITION:	FT ²	NUMBER OF LEVEL	_S		BASEMENT	□No	
TOTAL AREA IN EXISTING	FT ²	(INCLUDING BASEN DATE CONSTRUCT			ESTIMATED COMPLET	ION	
BLDG.: BEGIN: DATE: TYPE OF PLAN SUBMITTALS							
BUILDING PLAN SUBMITTALS SHOP DRAWING PLAN SUBMITTALS							
(Check the type of evaluations r		Sunn			(Check the type of evaluations requested at this time)		
BUILDING PLAN REVIEW (BCE)		PLUMBING PLAN REVIEW		(Sprinkler, CO ² ,	Etc.)	ge Hood System	
Full Building Review Expedited Site & Foundation Review		Plumbing Review ONLY Water Supply Review		Alarm Systems Boiler System	☐ Fuel ☐ Elev	Tank ator	
		Waste Water Review		Bleacher Seatin	=	nming Pool	
		Other (please specify)			Pref	abricated Truss	
SUBMIT ONLY ONE SET FOR	R BCE	SUBMIT 3 SETS OF PLANS FO	R 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) NO. OF NO. OF ARE RESTROOMS ACCESSIBLE NO. OF NO. OF ARE RESTROOMS ACCESSIBLE							
DESIGN CAPACITY OF BUILDING: MALES FEMALES TO PUBLIC?							
SEWAGE DISPOSAL: TYPE: Municipal Private ARE RESTROOMS ACCESSIBLE Yes No							
WATER SUPPLY: Description: Des							
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]				