

ONE AND TWO FAMILY DWELLING PERMIT APPLICATION REQUIREMENTS

- Submit a permit application with all applicable items completed, including inserts, when you construct a new building, construct an addition, or alter existing space.
 1. The permit application must be signed by the property owner or his designated agent and must have a current street address.
- Submit proof of workers compensation insurance, unemployment insurance and if applicable, electricians general liability insurance or
 1. Submit affidavit of exemption, if not required by law or
 2. If permit is obtained by owner then submit an affidavit that all contractors, subcontractors employed under said permit will be covered.
- Submit site plan drawn to scale showing the following:
 1. Lot boundaries;
 2. Structure locations (both proposed and existing);
 3. Proposed building setback distances.
- Submit 2 sets of plans drawn to scale, minimum 1/8 inch, and including the following:
 1. Foundation plan, exterior and interior, showing footing size, pier size and spacing, girder beam size, floor joist specie, size and orientation. If engineered floor system is used then provide a plan from the designer.
 2. Foundation wall detail or basement wall detail. Details shall include size, location and spacing of reinforcement and anchor bolts. Basement wall detail shall include wall height to top of finished floor and height of unbalanced fill at deepest point.
 3. Floor plan indicating the following: room use, ceiling height, window and door sizes and their location, exhaust vent locations, smoke detector location, location of hvac equipment and water heaters, braced wall panel locations including bracing method, support and anchoring.
 4. Roof framing plan showing roof lines, specie, size and orientation of rafters and ceiling joists, any beams or purlins necessary for rafter or ceiling support, any bracing required for support of hip and valley rafters. If trusses are used provide truss spec sheet.
 5. Wall section detail that shows footing, foundation, floor system, wall framing, wall height, exterior sheathing and finish, ceiling/roof framing, roof decking and covering. Indicate if wood structural sheathing is continuous. Indicate the R value of the roof/ceiling, the framed walls and the floor over a crawl space.
 6. Step and stair details.
 7. Portions of buildings not conforming to the KRC or of irregular construction shall be designed according to accepted engineering practice.
- Submit a copy of the electrical release numbers from the health dept. for both temporary and permanent power.
- After plans have been reviewed and corrections noted a permit will be issued as per fee schedule or permit will be denied.

****NOTICE: Commencing construction activities without required permits will result in a \$500.00 fee in accordance with KRS 109.2.***

CALL 811 BEFORE YOU DIG

Kentucky811 is an organization established to provide a communication link between excavators and operators of underground utilities.

Do you really need to call? YES! Don't make a judgment call; make a phone call to 811. Homeowners often make risky assumptions about whether or not they should get their utility lines marked, but every digging job requires a call - even "small" projects like planting trees and shrubs.



DEPT. OF BUILDING & ELECTRICAL INSPECTION

3700 Coleman Road, Paducah, KY 42001

Phone 270.444-4724 / Fax 270.444-1369

KRC ONE & TWO FAMILY DWELLING PERMIT APPLICATION

PROJECT INFORMATION

Site Address _____

Subdivision _____ Lot No. _____ Lot Area _____

Building setback from property lines: _____
Front Rear Left Right

OWNER INFORMATION

Last Name or Business _____ First _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Phone _____ Cell _____

DESCRIPTION OF WORK

General Contractor _____ Phone _____

Cell _____

- Single Family___ Two Family___ Townhouse___ Attached Garage___
Basement___ Modular___
- New Construction___ Addition___ Renovation___ Foundation Only ___ Roof Only___
Other _____
- No. of Stories___ No. of Bedrooms___ Building Area _____
- Construction Cost (less electrical & plumbing) _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I further testify that the above information is true and accurate.

Signature _____

Date _____

Departmental Approvals: Zoning _____

Date _____



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ELECTRICAL PERMIT APPLICATION

PROJECT INFORMATION

Site Address _____ Phone# _____
 Business or Owner Last Name _____ First _____
 Mailing Address _____ City _____ State _____ Zip _____
 Occupant Name _____ Phone# _____

CONTRACTOR INFORMATION

Contractors Name _____ Phone# _____
 Master Electricians Name _____ CE# _____
 Power Company _____ Health Dept. Release # _____ ME# _____

DESCRIPTION OF WORK

Single Family___ Two Family___ Townhouse___ Condominium___ Modular___
 Multi-Family___ Basement___ Detached Accessory___ Garage Addition___
 Room Addition___ Farm Bldg___ Swim Pool___ HVAC___ Sign___
 Service change___ Partial Rewire___ Complete Rewire___ Communication Booster___
 Temporary___ Pole Service___ RR Signal___ Commercial___

Description of Commercial Work _____
 Contract Price For Commercial Work _____

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or 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 I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit. I further testify that the above information is true and accurate.

Signature _____ Date _____
 Departmental Approvals: Zoning _____ Date _____



BUILDING & ELECTRICAL INSPECTION

David Flowers, Director
John Colson, Building Inspector
Ronnie Gilbert, Electrical Inspector

McCracken County Emergency Management Building
3700 Coleman Road
Paducah, KY 42001
Office (270) 444-4724 / Fax (270) 444-1369

Project Name: _____

Project Address _____

Affidavit of Assurances Pursuant of KRS 198B.060 (10)

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____.

Contractor, Owner or Owner's Agent

The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____.

NOTARY PUBLIC
KENTUCKY STATE OF LARGE

MY COMMISSION EXPIRES _____, 20____.

McCracken County Tax Administrator
 PO Box 2658
 Paducah, KY 42002-2658
 270-444-4722/Fax 270-444-4737

Project Name _____
 Site Address _____
 Contact # _____
 Date Sent _____
 Date Approved _____

Permit will not be issued until Tax Administrator approves all Contractors and Subcontractors. Please fill in all addresses and phone numbers below. Thank you.

Contractor & Subcontractor	Name	Address	Phone
General Contractor			
Framing			
Heating & Air			
Wood/Vinyl Siding			
Electrical			
Paint			
Asphalt Paving			
Sheetrock Hanging			
Sheetrock Finishing			
Masonry			
Footing			
Block			
Roofing			
Insulation			
Trim Inside			
Septic			
Excavating			
Driveway			
Gutters			
Cabinets			
Floors			
Basement			
Plumbing			
Fire Alarms			
Sprinkler Contractor			
Asbestos Removal			

I certify these are the subcontractors that will be working on the project. If any changes are Made, I will notify the McCracken County Tax Administrator for approval the day of change.

Signed _____ Date _____