

COMMERCIAL NEW BUILD PERMIT APPLICATION

[GEORGETOWN/SCOTT COUNTY BUILDING INSPECTION](#)

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: Inspector@georgetownky.gov

Project Address:		
If State Jurisdiction, was approval letter submitted: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Select one of the following descriptions: New Building <input type="checkbox"/> New Addition <input type="checkbox"/> Other <input type="checkbox"/> _____		
Occupancy Use: Business <input type="checkbox"/> Mercantile <input type="checkbox"/> Factory <input type="checkbox"/> Assembly <input type="checkbox"/> Other <input type="checkbox"/> _____		
Describe use of structure: _____ _____		
Construction Cost: \$		
Applicant Information		
Architect/ Engineer:		Phone:
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <input type="checkbox"/>		
Owner name:		
Owner address:		
Owner phone:		
Owner email:		
Owner address:		
Contractor Information		
Company name:		
Contact name:		
Phone:		
Email:		
Workers Comp: Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>		
Structure Dimensions		
Length:	Width:	Height:
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
Square Footage Calculations		
Number of Stories		Sq/Ft per Floor
Total Sq/Ft Building:		

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Permit Fee	
Cost Fee Schedule (Per Chart)	\$
Total Sq/Ft x .____ cents (Local Jurisdiction only)	\$
TOTAL PERMIT FEE	\$
Acknowledgement	
<p>Applicant Signature _____ Date _____</p> <p>I certify that all information contained in this application is accurate to the best of my knowledge and a complete set of construction documents has been included with my application.</p>	
OFFICE USE ONLY: PLAN REVIEW	
Permit #	
Date Received:	Jurisdiction: G SC SG Sadie.
Receipt #:	Check # _____ CASH CC
Finish Floor Elevation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Development Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zone:	Setbacks: F- S- R-
Use Group:	Const. Type:
Plan Reviewed By:	Date: