

DEMOLITION 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:		Lot # or Size:	
Select one of the following: Residential <input type="checkbox"/> Business/Commercial <input type="checkbox"/> Other <input type="checkbox"/> _____			
Structure is: Occupied <input type="checkbox"/> Vacant <input type="checkbox"/>		Sewer <input type="checkbox"/> Septic <input type="checkbox"/>	
Description of Structure: _____			
Demolition Cost: \$		PVA Assessed Value: \$	
Applicant Information			
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>			
Owner name:			
Owner address:			
Owner phone:			
Owner email:			
Contractor Information		Workers Comp: Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>	
Company name:			
Contact name:			
Mailing address:			
Phone:			
Email:			
Structure Dimensions			
Length:		Width:	Height:
Stories:		# of Bedrooms:	# of Bathrooms:
Foundation			
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Basement <input type="checkbox"/>	Other <input type="checkbox"/>
Square Footage Calculations			
Total Sq/Ft to be Demolished:			
Permit Fee			
		Commercial	Cost/Fee Schedule
		Residential	\$50
TOTAL PERMIT FEE			\$
*An Asbestos Report must be performed and results submitted with this application.			

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Acknowledgement	
Applicant Signature _____ Date _____ I certify that all information contained in this application is accurate to the best of my knowledge and that a complete set of construction documents has been included with my application.	
OFFICE USE ONLY: PLAN REVIEW	
Permit #:	
Date Received:	Jurisdiction: G SC SG Sadie.
Receipt #:	Check # _____ CASH CC
Historic District:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zone:	
Use Group:	Const. Type: Demolition
Plan Reviewed By:	Date: