

RESIDENTIAL ADDITION PERMIT APPLICATION

GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802 Fax: (502)863-4169

E-mail: Inspector@georgetownky.gov

Project Address:		
Subdivision:	Lot #:	Lot Size:
Owner name:		Owner phone:
Owner address:		
City:	State:	Zip code:
Select a descriptions: Room <input type="checkbox"/> Bath <input type="checkbox"/> Porch <input type="checkbox"/> Sunroom <input type="checkbox"/> Other <input type="checkbox"/> _____		
Construction Cost: \$	Sewer <input type="checkbox"/> Septic* <input type="checkbox"/> (Site Evaluation Required)	
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Contractor Information		
Company name:		
Contact name:		
Phone:	Email:	
Structure Dimensions		
Length:	Width:	Height:
Stories:	# of Bedrooms:	# of Bathrooms:
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
Basement: Unfinished <input type="checkbox"/> Finished <input type="checkbox"/>		
House Options		
Fireplace: Yes <input type="checkbox"/> No <input type="checkbox"/>	New Floor Joist Type:	Gas Fireplace Yes <input type="checkbox"/> No <input type="checkbox"/>
Square Footage Calculations		
Living Area		Non-Living Area
	1 st Floor	Garage
	2 nd Floor	Porch
	Finished Basement	Un-finished Basement
	Other	Other
	Living Sq/Ft	Non-Living Sq/Ft
TOTAL SQ/FT		

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Permit Fee	
Fast Track (reviewed within 24 hrs)	\$100
	\$.12 per sq/ft (min of \$100)
	Cost Fee Schedule (Porch)
	TOTAL PERMIT FEE \$
*Additions Permit Fee shall not be less than \$100	
Acknowledgement	
<p style="text-align: center;">Applicant Signature _____ Date _____</p> <p style="text-align: center;">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"/>
SWALE Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flood Plain	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zone:	Setbacks: F- S- R-
Use Group: R-3	Const. Type:
Plan Reviewed By:	Date: