

RESIDENTIAL 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:		Lot # or Size:
Select one of the following: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <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"/>		
Owner name:		
Owner address:		
Owner phone:		
Owner email:		
Contractor Information		
Company name:		
Contact name:		
Mailing Address:		
Phone:		
Email:		
Workers Comp: Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>		
Structure Dimensions		
Length:	Width:	Height:
Stories:	# of Bedrooms:	# of Bathrooms:
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
Basement: Un-finished <input type="checkbox"/> Finished <input type="checkbox"/>		
House Options		
Fireplace: Yes <input type="checkbox"/> No <input type="checkbox"/>	Floor Joist Type:	
Gas Appliances: Yes <input type="checkbox"/> No <input type="checkbox"/>	HERS Rated: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Square Footage Calculations			
Living Area		Non-Living	
	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			
Permit Fee			
Land Disturbance*		\$50	
Deck		\$100	
Total Sq/Ft x .22 (\$350 min.)			
TOTAL PERMIT FEE			\$
Fast Track (Moves to front of plan review que.) Double permit fee.			
TOTAL PERMIT FEE			\$
<i>*Denotes City limits only</i>			
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 that 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"/>	
Recharge System		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:		Const. Type:	
Plan Reviewed By:		Date:	