

TEMPORARY STRUCTURE 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

Structure Address:			
Select one of the following descriptions:			
Construction Trailer <input type="checkbox"/> Dumpster <input type="checkbox"/> Tent <input type="checkbox"/> Other <input type="checkbox"/> _____			
Owner name:		Owner phone:	
Owner address:			
City:		State:	Zip code:
Construction Cost: \$			
Applicant Information			
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>			
Name:		Phone:	
Company:			
Address:			
City:		State:	Zip code:
E-mail:			
Dimensions			
Length	Width	Height	Sq/Ft
Duration of Event			
Date erected:		Date removed:	
Permit Fee			
Temporary Structure		\$25 each	
TOTAL PERMIT FEE			\$
Acknowledgement			
Applicant Signature _____ Date _____ 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.			
To submit with this application:			
<ul style="list-style-type: none"> • A Letter of Permission from land owner • A site plan showing distance from property lines and right-of-way • Construction documents • Permit from State Agriculture Department (Amusement Rides only) 			

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OFFICE USE ONLY: PLAN REVIEW

Permit #:	
Date Received:	Jurisdiction: G SC SG Sadie.
Receipt #:	Check # _____ CASH CC
Zone:	Setbacks: F- S- R-
Use Group: U-C	Const. Type:
Plan Reviewed By:	Date: