



PLAN APPLICATION FORM

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
 DEPARTMENT OF PUBLIC PROTECTION
 OFFICE OF HOUSING, BUILDINGS AND CONSTRUCTION
 DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5405



BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces

Today's Date:

REV.12/2007

| | | | | |
|---|---|---|---|--|
| NAME OF PERSON SUBMITTING PLANS | | Phone () - Ext | IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| MAILING ADDRESS: _____ | | | | |
| NUMBER / STREET, HWY, ROAD or P. O. BOX | | CITY | STATE | ZIP CODE |
| BUSINESS & PROJECT NAME: _____ | | | | |
| (Or tenant name if multi-tenant building) PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW | | | | |
| PROJECT LOCATION: _____ | | | | |
| NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) | | CITY | STATE | ZIP CODE |
| PROJECT LOCATED WITHIN CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| COUNTY _____ | | | | |
| OWNER (INDIVIDUAL & COMPANY) _____ | | | | |
| | | PHONE () - Ext | | |
| MAILING ADDRESS: _____ | | | | |
| NUMBER / STREET, HWY, ROAD or P. O. BOX | | CITY | STATE | ZIP CODE |
| ARCHITECT (NAME & FIRM) _____ | | | | |
| PHONE () - Ext | | | | |
| AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| MAILING ADDRESS: _____ | | | | |
| NUMBER / STREET, HWY, ROAD or P. O. BOX | | CITY | STATE | ZIP CODE |
| NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. | | | | |
| ENGINEER (NAME & FIRM) _____ | | | | |
| | | PHONE () - Ext | | |
| MAILING ADDRESS: _____ | | | | |
| NUMBER / STREET, HWY, ROAD or P. O. BOX | | CITY | STATE | ZIP CODE |
| PROJECT CONTRACTOR _____ | | | | |
| | | PHONE () - Ext | | |
| MAILING ADDRESS: _____ | | | | |
| NUMBER / STREET, HWY, ROAD or P. O. BOX | | CITY | STATE | ZIP CODE |
| BUILDING INFORMATION | | | | |
| NUMBER OF BUILDINGS IN THIS SUBMITTAL: | | USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify) | | |
| BUILDING(S) IN THIS PROJECT IS / ARE: | | <input type="checkbox"/> NEW FREESTANDING BUILDING | <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE | <input type="checkbox"/> RENOVATION ONLY |
| <input type="checkbox"/> RENOVATION & ADDITION | | | | |
| TOTAL AREA IN NEW BLDG. OR ADDITION: | FT ² | NUMBER OF LEVELS (INCLUDING BASEMENT): | BASEMENT | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TOTAL AREA IN EXISTING BLDG.: | FT ² | DATE CONSTRUCTION TO BEGIN: | ESTIMATED COMPLETION DATE: | |
| TYPE OF PLAN SUBMITTALS | | | | |
| BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time) | | SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time) | | |
| <u>BUILDING PLAN REVIEW (BCE)</u> | | <u>PLUMBING PLAN REVIEW</u> | | |
| Full Building Review <input type="checkbox"/> | Expedited Site & Foundation Review <input type="checkbox"/> | Plumbing Review ONLY <input type="checkbox"/> | Water Supply Review <input type="checkbox"/> | Waste Water Review <input type="checkbox"/> |
| | | Other (please specify) <input type="checkbox"/> | Suppression System (Sprinkler, CO ² , Etc.) <input type="checkbox"/> | Alarm Systems <input type="checkbox"/> |
| | | | Boiler System <input type="checkbox"/> | Bleacher Seating <input type="checkbox"/> |
| | | | Range Hood System <input type="checkbox"/> | Fuel Tank <input type="checkbox"/> |
| | | | Elevator <input type="checkbox"/> | Swimming Pool <input type="checkbox"/> |
| | | | Prefabricated Truss <input type="checkbox"/> | |
| SUBMIT ONLY ONE SET FOR BCE | | SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE | | |
| THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS) | | | | |
| DESIGN CAPACITY OF BUILDING: | NO. OF MALES | NO. OF FEMALES | ARE RESTROOMS ACCESSIBLE TO PUBLIC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| SEWAGE DISPOSAL: | TYPE: <input type="checkbox"/> Municipal <input type="checkbox"/> Private | | ARE RESTROOMS ACCESSIBLE TO DISABLED? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WATER SUPPLY: | | | | |
| <input type="checkbox"/> PUBLIC | <input type="checkbox"/> DRILLED WELL | <input type="checkbox"/> CISTERN | <input type="checkbox"/> HAULED WATER | <input type="checkbox"/> ROOF WATER |
| | | | <input type="checkbox"/> SPRING | <input type="checkbox"/> STREAM |
| IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____ | | | | |
| BY WHOM: | | | | |
| NAME | | TITLE | | REGISTRATION NUMBER |

| | |
|--|------|
| THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort) | |
| REVIEWED BY: | |
| NAME | |
| TITLE | DATE |
| APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT) | |

| |
|--------------------------------------|
| THIS AREA FOR OFFICE USE ONLY |
|--------------------------------------|

