PLAN APPLICATION FORM
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
520 MERO ST, 1ST FLOOR
FRANKFORT, KENTUCKY 40601-1987
BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces

NAME OF PERSON SUBMITTING PLANS

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX

CITY   STATE   ZIP CODE

FAX:

EMAIL:

PROJECT LOCATION:

NUMBER / STREET, HWY, ROAD or P. O. BOX

CITY   STATE   ZIP CODE

IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:

PROJECT LOCATED WITHIN CITY LIMITS?  Yes  ☐ No ☐

OWNER (INDIVIDUAL & COMPANY)

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX

CITY   STATE   ZIP CODE

FAX:

EMAIL:

ARCHITECT (NAME & FIRM)

MAILING ADDRESS:

NUMBER / STREET, HWY, ROAD or P. O. BOX

CITY   STATE   ZIP CODE

ENGINEER (NAME & FIRM)

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. This does not apply for Plumbing submission only.

BUILDING INFORMATION

NUMBER OF BUILDINGS IN THIS SUBMITTAL:

USE OF BUILDING(S) other (please specify):

BUILDING(S) IN THIS PROJECT IS / ARE:

TOTAL AREA IN NEW BLDG. OR ADDITION: FT²

TOTAL AREA IN EXISTING BLDG.: FT²

TYPE OF PLAN SUBMITTALS

BUILDING PLAN SUBMITTALS

SHOP DRAWING PLAN SUBMITTALS

BUILDING PLAN REVIEW (BCE)

PLUMBING PLAN REVIEW

Suppression System

Fuel Tank

Range Hood System

Alarm Systems

Boiler System

Elevator

Bleacher Seating

Swimming Pool

Swimming Pool

Prefabricated Truss

OTHER (please specify):

Other (please specify):

TYPE: ☐ Municipal  ☐ Private

ARE RESTROOMS ACCESSIBLE TO PUBLIC?

ARE RESTROOMS ACCESSIBLE TO DISABLED?

Yes  ☐ No ☐

Yes  ☐ No ☐

WATER SUPPLY:

☐ PUBLIC  ☐ DRILLED WELL  ☐ CISTERN  ☐ HAULED WATER  ☐ ROOF WATER  ☐ SPRING  ☐ 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 __________________________

NOTE: Complete all applicable spaces

NOTE:   Complete all applicable spaces

NAME __________________________

TITLE __________________________

DATE __________________________

THIS AREA FOR OFFICE USE ONLY