

PLAN APPLICATION FORM

PUBLIC PROTECTION CABINET
DEPARTMENT 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 appl	icable sp	oaces	Today'	s Date:	•				RI	EV.2/2012
NAME OF PERSON SUBMITTING PLANS			Phone	()	- Ext		THE BCE P			☐ Yes ☐ No
MAILING ADDRESS:										-
FAX:	JMBER / STRE	ET, HWY, ROAD or P. O. BO	OX			SEND A	PPROVAL L		STATE /IA: FAX[ZIP CODE BMAIL
BUSINESS & PROJECT NAME:		l .				1 00174				
(Or tenant name if n PROJECT LOCATION:					DE OR OUTSIDE	LIMITS OF	CITY NOTED	ŀ	Υ	-
IF PROJECT IS EXISTING, PL		Y OR ROAD (Please do not OTE PREVIOUS NA		x or Postal F	Routes) C	CITY		S	STATE	ZIP CODE
PROJECT LOCATED WITHIN CIT	TY LIMITS?	Yes ☐ Yes	☐ No				COUNTY			
OWNER (INDIVIDUAL & COMPANY)							PHONE	()	-	Ext
	MBER / STREE	T, HWY, ROAD or P. O. BO	x			CITY		5	STATE	ZIP CODE
FAX: ARCHITECT (NAME & FIRM)				EMAIL:			PHONE	()		Ext
AS THE ARCHITECT LISTED ABO ADMINISTRATION	OVE, I AM I	RESPONSIBLE FOR	CONSTRUC	TION CO	ONTRACT		☐ Yes	[☐ No	
MAILING ADDRESS: NUM	MBER / STREE	T, HWY, ROAD or P. O. BO	X		C	CITY			STATE	ZIP CODE
FAX:				EMAIL:						
NOTE: <u>DESIGN CERTIFICATION REC</u> statement from the design professional architectural, mechanical and electrical having jurisdiction. This does not apply to	in responsible components	ole charge indicating the sand a statement to that	Seismic Desig	gn Catego	ry for this specific	site and the	applicability	of seism	ic bracing	requirements for
ENGINEER (NAME & FIRM)							PHONE	()	<u> </u>	Ext
MAILING ADDRESS:	MRED / STREE	T, HWY, ROAD or P. O. BO	Y			CITY		C	STATE	ZIP CODE
FAX:	WIDER / STREE	1,11W1, NOAD 01 F. O. BO.	^	EMAIL:		2111			JAIL	ZIF CODE
PROJECT CONTRACTOR							PHONE	()	-	Ext
MAILING ADDRESS: NUM	MBER / STREE	T, HWY, ROAD or P. O. BO	X		C	CITY		8	STATE	ZIP CODE
FAX:		BIII	LDING IN	EMAIL:						
NUMBER OF BUILDINGS IN THIS	6	USE OF BUI	ILDING(S)		aurant, office, o	classroom	, storage o	r		
SUBMITTAL: BUILDING(S) IN THIS PROJECT	IS / ARF:	other (pleas			ADDITION TO] RENOVA	TION	_	NOVATION &
TOTAL AREA IN NEW BLDG.	FT ²	BUILDING NUMBER	OF LEVELS		IG STRUCTUR	E O	NLY	Yes	ADDIT	
OR ADDITION: TOTAL AREA IN EXISTING	FT ²		NG BASEME				ATED COM			
BLDG.:	ГІ	BEGIN:	OF PLAN	J SIIRI	MITTAL S	DATE:				
		SUBMITTALS		1 300	S	-	WING PL			-
, ,,		s requested at this tin		•	(Check Suppression S		of evaluation			
BUILDING PLAN REVIEW (B Full Building Review		PLUMBING PI		<u>w</u>	(Sprinkler, CC Alarm System			Fuel 1	e Hood S _{Fank}	-
Expedited Site & Foundation Revie		Water Supply Review	W		Boiler System	1		Eleva	tor	. [
		Waste Water Review Other (please specification)			Bleacher Sea	ting			ming Poo oricated	
SUBMIT ONLY ONE SET FOR E		SUBMIT 3 SETS OF					NE SET OF			
THE INFORMATION IN T	NO		ISION OF PL D. OF	LUMBING			Y PERSON CCESSIBL	F		
DESIGN CAPACITY OF BUILDING SEWAGE DISPOSAL:	G: MAI		EMALES	rivate	TO PUBLIC ARE REST	C? ROOMS A	CCESSIBL	_ l	□ Yes □ Yes	□ No
WATER SUPPLY:			_		TO DISABI		_		_	_
☐ PUBLIC ☐ DRILLE! IF PRIVATE, INDICATE THE TYPE		☐ CISTERN E DESIGN:		D WATE	R ∐RO	OF WATER	R ∐	SPRING	3	STREAM
BY WHOM:										
THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)					THIS AREA FOR OFFICE USE ONLY					
REVIEWED BY:										
NAME										
		D.177		_						
TITLE APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMEN	IT)	DATE								