BCE/EJ #1
Revised December
2012

APPLICATION FOR LOCAL EXPANDED JURISDICTION

PLEASE TYPE OR PRINT IN UPPER CASE LETTERS

NAME OF JURISDICTION: _____   *DATE OF APPLICATION :*_____
(CITY, COUNTY OR URBAN COUNTY GOVERNMENT)

CHIEF APPOINTING AUTHORITY: _____
(MAYOR OR COUNTY JUDGE/EXECUTIVE) and SIGNATURE OF SAME

<u>MINIMUM UNIFORM CRITERIA:</u>

CERTIFIED INSPECTOR: Indicate the name of the holder of the LEVEL III Certified Building Inspector of the person, firm or company employed or contracted to perform the plans and specifications inspection and building inspection functions to be granted to the local government.

_____   _____   _____
(NAME OF CERTIFIED INSPECTOR)   (CERTIFICATION LEVEL & CERTIFICATE NO.)   (DATE CERTIFIED & YEARS EMPLOYED AS SAME)

OTHER PERSONNEL: List all other personnel dedicated to local inspection program including clerks, inspectors, reviewers.....etc.
    Use additional page(s) if necessary.   Additional page(s) attached as EXHIBIT _____

NAME	JOB TITLE	CERTIFIED		LEVEL	HOW LONG
		Yes	No	1&2 only, I, II or III	___yrs. ___mos.
		Yes	No	1&2 only, I, II or III	___yrs. ___mos.
		Yes	No	1&2 only, I, II or III	___yrs. ___mos.
	Electrical Inspector	Yes	No		___yrs. ___mos.

CONSTRUCTION ACTIVITY: Attached as EXHIBIT _____ you will find a complete list of all permits issued and fees collected by this local jurisdiction for the previous calendar year of _____.

OTHER CONTRACTS: NOTE: This section is applicable only when the designated Level III Certified Building Inspector also provides inspection services for other local jurisdictions. Attached as EXHIBIT _____ you will find a complete list of all permits issued and fees collected by each additional local jurisdiction for the previous calendar year of _____.

OFFICIAL CONTACT: When referring persons to this agency or sending correspondence or other related information, contact shall be made with the following chief building official.

_____   _____
(NAME OF CHIEF BUILDING CODE OFFICIAL)   (TITLE)

_____   _____
(NAME OF DEPARTMENT)   (BUSINESS PHONE NUMBER)

_____   _____
(NO., STREET, HIGHWAY OR OTHER MAILING ADDRESS)   (BUSINESS FAX NUMBER)

_____   _____
(CITY, STATE & ZIP CODE)   (E-MAIL ADDRESS IF APPLICABLE)

INCLUSIONS: The following occupancies and building sizes shall be included in this petition for expanded jurisdiction

_____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

LOCAL APPEALS BOARD: ☐ Yes   ☐ No
If "Yes" is checked, a copy of the local ordinance creating the local appeals board will be included as EXHIBIT _____.

If "No" is checked, all appeals will be referred to the Kentucky Board of Housing, Buildings and Construction AND the local government will be charged the cost for the appeal.

SINGLE FAMILY DWELLING
A copy of the local ordinance creating the single family dwelling inspection program shall be included as EXHIBIT _____.

EXCLUSIONS: The following occupancies and building sizes shall be excluded in this petition for expanded jurisdiction. (Do not need to list State jurisdiction)

_____

SCHEDULE OF FEES: A copy of the local ordinance creating a fee schedule and the schedule of fees is included with this application as EXHIBIT _____