



Commonwealth of Kentucky
 Public Protection Cabinet
 Department of Housing, Buildings and Construction
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412
 Tel: (502) 573-0373 – Fax: (502) 573-1059



BCE/EJ #2
 December 2012

**RENEWAL APPLICATION FOR
 LOCAL EXPANDED JURISDICTION**

PLEASE TYPE OR PRINT IN UPPER CASE LETTERS

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

CHIEF APPOINTING AUTHORITY: _____
 PRINTED NAME and SIGNATURE (MAYOR OR COUNTY JUDGE/EXECUTIVE)

MINIMUM UNIFORM CRITERIA:

CERTIFIED INSPECTOR: 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)

BUILDING INSPECTOR: EMPLOYED OR CONTRACTED (If contracted, a copy of the contract must be attached.)

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 _____.

LIST ANY CHANGES TO:

PERSONNEL: (including clerks, inspectors, reviewers, etc.)

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.

LIST ANY CHANGES TO:

INCLUSIONS LISTED IN INITIAL APPLICATION: _____

LIST ANY CHANGES TO:

EXCLUSIONS LISTED IN INITIAL APPLICATION: _____

ARE THERE ANY CHANGES MADE IN REGARDS TO THE LOCAL APPEALS BOARD: Yes No IF YES, PLEASE ATTACH A COPY OF THE CHANGE.

LIST ANY CHANGES, IF ANY, TO THE SINGLE FAMILY DWELLING PROGRAM: _____

LIST ANY CHANGES, IF ANY, TO YOUR SCHEDULE OF FEES: _____

OFFICIAL CONTACT: When referring persons to the applying local government, sending correspondence or forwarding other related information, contact shall be made with:

 (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)

