

HBC 50-13  
ORIG. 09/05, REV. 10/09

**K.I.B.S. SITE**  
(FOR COMMERCIAL UNITS ONLY)

**PLAN APPLICATION FORM**



**Environmental & Public Protection Cabinet**  
**Department of Housing, Buildings &**  
**Construction Division of Building Code**  
**Enforcement**  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5412  
**502/573-0373**



Date: \_\_\_\_\_

**NOTE:** Indicate the Manufacturer's KIBS Model # \_\_\_\_\_ - \_\_\_\_\_ or Kentucky Modular Label number here: \_\_\_\_\_

<b>NAME OF PERSON SUBMITTING PLANS</b> _____	PHONE ( ) _____ - _____	<b>IS THE SITE REVIEW FEE INCLUDED WITH PLANS?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
<b>BUSINESS &amp; PROJECT NAME:</b> _____			
<b>PROJECT LOCATION:</b> _____ NO / STREET, HWY or ROAD ( Please do not indicate P.O. Box or Postal Routes ) CITY COUNTY			
<b>OWNER OR CUSTOMER:</b> _____ PHONE ( ) _____ - _____			
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
<b>ARCHITECT (NAME &amp; FIRM)</b> _____ PHONE ( ) _____ - _____			
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
<b>DEALER NAME:</b> _____ PHONE ( ) _____ - _____			
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
<b>MANUFACTURER NAME:</b> _____ PHONE ( ) _____ - _____			
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
<b>SITE CONTRACTOR:</b> _____ PHONE ( ) _____ - _____			
<b>MAILING ADDRESS:</b> _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			

\*\*\*\*\* **BUILDING INFORMATION** \*\*\*\*\*

**NUMBER OF BUILDINGS IN THIS SUBMITTAL:** \_\_\_\_\_ **USE OF BUILDING(S)** i.e.... office, classroom, storage or other ( please specify ) \_\_\_\_\_

**BUILDING(S) IS / ARE:**  NEW FREESTANDING BUILDING  NEW ADDITION TO EXISTING STRUCTURE  CONNECTED TO EXISTING STRUCTURE WITH CANOPY OR WALKWAY

**BUILDING MEASUREMENTS:** \_\_\_\_\_ WIDE BY \_\_\_\_\_ LONG **TOTAL AREA IN NEW BLDG. OR ADDITION:** \_\_\_\_\_ FT.<sup>2</sup> **NUMBER OF LEVELS (INCLUDING BASEMENT)** \_\_\_\_\_

<p>1. DOES THIS BUILDING HAVE PLUMBING? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. IS THE PLUMBING INSTALLED AT FACTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>3. IS PLUMBING INSTALLED ON-SITE BY KY PLUMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p><b>NOTE:</b> IF ANSWER TO #3 IS YES THEN SUBMIT 3 ADDITIONAL PLUMBING PLANS, 3 PLAN APPLICATION FORMS AND COMPLETE PLUMBING INFORMATION SECTION ON EACH PLAN APPLICATION FORM.</p>
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\*\*\* 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?**  YES  NO

**SEWAGE DISPOSAL:** **TYPE:**  MUNICIPAL  PRIVATE **ARE RESTROOMS ACCESSIBLE TO DISABLED?**  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
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**THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL ( Must be completed prior to sending Plumbing Plans to**

**REVIEWED BY:** \_\_\_\_\_  
NAME TITLE DATE

**APPROVED BY COUNTY OR DISTRICT HEALTH DEPARTMENT:** \_\_\_\_\_  
NAME OF HEALTH DEPARTMENT

**THIS AREA FOR DEPARTMENT USE ONLY**

**K.I.B.S. SITE SUBMITTAL CHECKLIST**  
**THE SITE SUBMITTAL SHALL INCLUDE THE FOLLOWING:**

- Site Plan & Site Survey or Plot Plan.
- Foundation Plan & Section Detail and Anchoring Details.
- Construction details of any site-built structures such as walkways, canopies, connectors etc.
- Construction Details of Exit Stairs, Landings, Ramps, Guardrails and Handrails.
- 3 complete plumbing plans and 3 copies of this form If Plumbing Installed On-site.
- Site Plan Review / Inspection Fee (Calculated Per Table 122.3.1 of the 2013 Kentucky Building Code or a Minimum of **\$285.00 which ever fee is greater**)
- Optional: Fast Track Site Review Fee. An additional 50% of the review fee or \$ 400.00 minimum but not more than \$ 3000.00.



## FOR YOUR INFORMATION ONLY

1. A Plan Submission Application Guide (PSAG) describing the plan submission procedures is available upon request. Copies may be obtained by calling or writing to the Department of Housing, Buildings and Construction, Division of Building Code Enforcement or the Division of Plumbing. Our telephone numbers are: Building Codes 502/573-0373 or Plumbing 502/573-0397. Local Boards of Health should also be aware of these procedures.
2. KRS Chapters 322 & 323 should be consulted to determine the requirements for a Registered Design Professional such as an Architect and / or Engineer
3. **PLUMBING:** Plumbing installations shall be made in conformance with the State Plumbing Code. The plumbing systems shall be shown in plan view and elevation view (Riser Diagram). These plans shall indicate the location of all fixtures, water distribution system and soil, waste & vent pipe systems. The size and material of all soil, waste & vent piping shall be clearly stated on the plans.
4. Check the regulations that may be applicable to the building type, such as: Kentucky Food Services Regulation, Kentucky Youth Camp Regulation, Kentucky Retail Food Market Regulation, etc.

### ???? HOW MANY SETS OF PLANS TO SUBMIT ????

- I. **NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED:** Of the number of plan sets required, at least one shall be a complete set of construction documents and the remaining sets may consist of plumbing plans only. **Note: When submitting plans for specialized systems such as fire alarm or fire sprinkler systems, only one (1) set of plans is required. Any plan submittal that does not involve plumbing should only have one (1) plan for the Division of Building Code Enforcement.**

**NOTE: A plan set consists of 1 plan and 1 plan application form.**

**NOTE: When copying this form it is not necessary to copy this side.**

INDICATE NO.  
OF PLAN SETS  
REQUIRED.

- 1) Counties or Cities not listed below - One(1) complete plan set and three(3) plumbing plan sets for a total of four(4) plan sets \_\_\_\_\_
- 2) If within limits of Louisville-Jefferson County Metro Government jurisdiction - One(1) complete plan set and five(5) plumbing plan sets for a total of six(6) plan sets -----

**NOTE: ALWAYS CHECK TO SEE IF ARCHITECTURAL REVIEW IS REQUIRED IN FRANKFORT BY THE DIVISION OF BUILDING CODE ENFORCEMENT**

**TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED**-----

#### II. **ADDITIONAL PLAN SETS REQUIRED:**

- 1) Project has a swimming pool - add one(1) plumbing plan set-----
- 2) Project has a private water supply - add one(1) plumbing plan set-----
- 3) Project has a private sewage disposal system with treated effluent - add one(1) plumbing plan set-----

**TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED**-----

### SPECIAL PERMITS ARE REQUIRED FOR WATER SUPPLY AND WASTE WATER DISCHARGE PROJECTS

Applications and fees are required to be submitted to the Department of Housing, Buildings and Construction or the Division of Water of the Environmental Public Protection Cabinet/ Division of Water for the following facilities:

#### 1. **WASTE WATER DISCHARGE PROJECTS**

- a. Private packaged treatment plant with surface discharge.
- b. Sanitary sewer extension that includes a manhole or lift station.
- c. Extension or addition to a sanitary sewer district with no building structures involved.
- d. Individual pre-treatment facilities.

#### 2. **WATER SUPPLY PROJECTS**

- a. Private water supply to individual structure ( **Excluding Single Family Dwellings**).
- b. Addition to city or county water districts.
- c. Water supply treatment plants

**TO OBTAIN SPECIAL APPLICATION FORMS AND TO DETERMINE IF A FEE IS REQUIRED, CONTACT THE ENVIRONMENTAL PUBLIC PROTECTION CABINET/ DIVISION OF WATER IN FRANKFORT @ 502/564-3410**

If this project involves a plumbing system or plan related to a structure (building) approval, submit one(1) complete plan set and four(4) plumbing plan sets to the following: NOTE: One of the plumbing plan sets will be forwarded to the Division of Water.

DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT, KENTUCKY 40601-5405

**502/573-0397**

