

## RENEWAL APPLICATION FOR EXPANDED JURISDICTION

Department of Housing, Buildings and Construction Building Code Enforcement Division 500 Mero Street Frankfort, Kentucky 40601 (502) 573-0373 Fax: (502) 573-1059

## PLEASE TYPE OR PRINT IN UPPER CASE LETTERS

JURISDICTION: \_

\_\_\_\_ DATE OF RENEWAL APPLICATION: \_\_\_\_\_

(CITY, COUNTY OR URBAN COUNTY GOVERNMENT)
CHIEF APPOINTING AUTHORITY:

PRINTED NAME and SIGNATURE (MAYOR OR COUNTY JUDGE/EXECUTIVE)

(DATE CERTIFIED)

MINIMUM UNIFORM CRITERIA:

<u>CERTIFIED INSPECTOR</u>: 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.

(CERTIFICATION LEVEL & CERTIFICATE NO.)

(NAME OF CERTIFIED INSPECTOR)

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

<u>OTHER CONTRACTS</u>: 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 THE FOLLOWING:

<u>PERSONNEL:</u> (including clerks, inspectors, reviewers, etc.)

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

INCLUSIONS LISTED IN INITIAL APPLICATION: \_\_\_\_\_

EXCLUSIONS LISTED IN INITIAL APPLICATION:

LOCAL APPEALS BOARD: 🛛 Yes 🔹 No IF YES, PLEASE ATTACH A COPY OF THE CHANGE.

SINGLE FAMILY DWELLING PROGRAM: \_\_\_\_\_

SCHEDULE OF FEES:

(NAME)

(NAME OF DEPARTMENT)

(TITLE)

\_\_\_\_\_

(NO., STREET, HIGHWAY OR OTHER MAILING ADDRESS)

(CITY, STATE & ZIP CODE)

(E-MAIL ADDRESS)

(BUSINESS PHONE NUMBER)



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