



Kentucky Industrialized Building System (KIBS) Program Plan Submission Application Guide

Public Protection Cabinet Department of Housing, Buildings & Construction

Website: www.dhbc.ky.gov

To submit plans: <https://dept-hbc-ky.smartgovcommunity.com/Public/Home>

Division of Building Code Enforcement

500 Mero Street, Floor 1

Frankfort, Kentucky 40601

Phone: 502-573-0373

For Gasoline, LP, Fuel Oil Tanks and Fuel Installation within the modular contact:

Division of Fire Prevention, Hazardous Materials Phone:502-573-0372

Current Kentucky Codes

The 2018 Kentucky Building Code 3rd Edition August 2022

The 2018 Kentucky Residential Code 2nd Edition May 2020

* Other current codes listed in Chapter 35 of the 2018 KBC and Chapter 44 of the 2018 KRC.

What is a KIBS? There are several key terms to first understand.

- **Industrialized Building System** means any structure or component thereof which are of closed construction fabricated in an off-site manufacturing facility for installation or assembly on a permanent foundation at the building site. KRS 198B.010(18).
- **Modular Home** means an industrialized building system which is designed to be used as a residence which is not a manufactured or mobile home.

These are not KIBS:

- **Manufactured Homes:** a single-family residential dwelling constructed in accordance with the federal act, manufactured after June 15, 1976, and designed to be used as a single-family residential dwelling with or without a permanent foundation when connected to the required utilities, and includes the plumbing, heating, air conditioning, and electrical systems contained therein. The manufactured home may also be used as a place of business, profession, or trade by the owner, the lessee, or the assigns of the owner or lessee and may comprise an integral unit or condominium structure. Buildings, of which the construction is not preempted by the federal act, are subject to building code requirements of KRS Chapter 198B.
- **Mobile Homes:** a factory-built structure manufactured prior to June 15, 1976, which was not required to be constructed in accordance with the federal act.

Obtain a Certificate of Acceptability for Industrialized Building Systems:

To sell an industrialized building system for placement in Kentucky (KIBS), the manufacturer shall first obtain a **Certificate of Acceptability**. This certificate is provided to the manufacturer by the department signifying the manufacturer's ability to manufacture, import, and sell KIBS.

To obtain a Certificate of Acceptability, an applicant will need to submit to the Licensing Branch via email at licensing@ky.gov and submit the following:

- A completed "Certificate of Acceptability for Industrialized Building Systems" Form (HBC KIBS-1) page 6 below or on our website at: [HBC KIBS-1 Certificate of Acceptability Application.pdf \(ky.gov\)](#)
- A copy of the Quality Assurance Manuals. The manual shall describe the applicant's business entities, construction practices, quality assurance measures, and dispute resolution procedures. It may include all models and factories under the ownership of the manufacturer, company, corporation or LLC as noted in the manuals.
- Proof of insurance for general liability coverage. Minimum coverage shall be \$300,000 bodily injury or death for each person; \$400,000 bodily injury or death for each accident; and \$100,000 for damage to property.
- A prorated certificate of acceptability fee of \$500.

After the submittal of all required documents, an alphanumeric number (KM#) will be assigned to identify the manufacturer.

KIBS Model Plan Submission:

Before manufacturing a KIBS, the manufacturer shall submit to Building Code Enforcement the model plan for review and approval on our website at: <https://dept-hbc-ky.smartgovcommunity.com/Public/Home>

Plan approval is required per model and is in effect for the duration of the currently adopted Kentucky Building Code (KBC). Applicants shall submit the following:

- A completed KIBS Model Application Form (HBC KIBS-2) page 11 as attached or on our website at: [HBC KIBS-2 KIBS Model Application Form.pdf \(ky.gov\)](#)
- Construction documents
- Plan review fee as established by 815 KAR 7:120 Section 3. Model plan review fees shall be calculated by multiplying the total building area by the cost per square foot of each occupancy type as listed in Table 121.3.1, 2018 KBC (see table below). The total square footage shall be determined by the outside dimensions of the building system. The minimum fee shall be \$285.00 for each model. Fast track elective is only permissible for site and foundation reviews; therefore, **model reviews cannot be fast tracked.** Payment can be made through the portal or by check made payable to Kentucky State Treasurer.

**TABLE 121.3.1
DEPARTMENT OF HOUSING, BUILDINGS AND
CONSTRUCTION FEE SCHEDULE**

OCCUPANCY TYPE	COST PER SQ FOOT
Assembly	16 cents
Business	15 cents
Day care centers	15 cents
Educational	15 cents
High hazard	16 cents
Industrial factories	15 cents
Institutional	16 cents
Mercantile	15 cents
Residential	15 cents
Storage	15 cents
Utility and Miscellaneous	13 cents
Production greenhouses	10 cents

KIBS Model Plan Checklist:

Plans, shop drawings, and specifications shall be submitted in specific detail. Plans shall be drawn to scale and be fully dimensioned and shall be of sufficient clarity to indicate the nature and extent of the work proposed. Plans shall be submitted separately and independently for each specific model KIBS Unit. Building Code compliance shall be demonstrated with the currently adopted Kentucky Building Code. All plans shall be signed and sealed by a Kentucky registered design professional, where required.

Fire alarm, fire suppression, range hood/exhaust, range hood extinguishing systems shall be submitted for review separately with a separate fee. The following should be included in the plans, if applicable:

- Cover page, title block
- Type of Construction
- Use Group
- Fire protection systems
- Design loads
- All possible design options. *Be advised updating models after approval is not permitted.
- Earthquake design data
- Energy conservation compliance calculations. *Comcheck and Rescheck forms www.energycodes.gov
- Drawings shall be dimensioned and/or scaled and each room shall be labeled to describe function of space.
- Mechanical equipment cut-sheets.
- Foundations, floor, and elevation plans.
- A cross section that shows construction details cut through the foundation, typical walls, and roof framing.
- Structural framing details for all shear walls, walls, floors, ceilings, roofs, foundations, columns, and blocking.
- Fastening details to include unit to foundation and specifications for fasteners.
- Door, door hardware, window, and glazing schedules.
- Interior finish schedule with flame spread ratings.
- Fire rated assemblies
- Accessibility details
- Any items that are not to be constructed or installed on in the factory shall be listed on the plans as “*installed on site or on site by others*”.

HVAC:

- Mechanical equipment design, placement, air balance schedules and specifications, outside air provisions, ductwork materials, duct layout and duct specifications if installed in the factory. *HVAC and Exhaust System designs specified on the plans as “in field by others” are the responsibility of the manufacturer for layout; duct sizing and performance specifications shall be included in the plans.
- Ventilation design and exhaust systems (i.e. clothes dryer, range hood, and toilet room exhaust)
- Fireplaces, chimneys and vents illustrated on the plans shall have installation/construction specifications, combustion air provisions and methods provided.

Electrical:

- Lighting, receptacles, motors and equipment, smoke detectors, smoke alarms, panel size and location, circuits, and location of all exits and means of egress lighting.

Plumbing: *Please be advised approvals for Kentucky Plumbing Systems require a separate submittal and approval. Regarding plumbing plans and factory inspections contact the Division of Plumbing at: www.dhbc.ky.gov/plb or at 502-573-0397

- Site utility plan
- Piping layout and riser diagrams
- Type and location of hot water heater, drain pan, and piping to pan to outside.
- Access panels.

When Resubmitting plans:

Correction items shall be addressed through the resubmittal process. Red line drawings are not permitted. Corrected drawings shall be submitted through the portal at <https://dept-hbc-ky.smartgovcommunity.com/Public/Home>

The corrected plans will be reviewed and if approved will be stamped “Released for Construction” by the plans examiner.

KIBS Model Inspections

Prior to shipment of every out-of-state industrialized building system, the structure shall be inspected for substantial code compliance by a third-party Kentucky Certified building inspector and an M-Seal shall be affixed after the structure has been determined it is in substantial compliance with the KBC or KRC.

DHBC building inspectors will inspect in-state KIBS systems at the manufacturing site prior to closing up concealed spaces.

M-Seals Requests:

Third-party inspectors may request M-Seals from DHBC. Requestors shall submit to the department:

- A completed Application for M-Seals, Form HBC KIBS-4 [DHBC \(ky.gov\)](http://www.dhbc.ky.gov)
- A \$25 fee per M-Seal
- Except for the initial request, a completed HBC KIBS-5 form [DHBC KIBS-5 M-Seal Verification Form.pdf \(ky.gov\)](http://www.dhbc.ky.gov) to the department prior to receiving M-Seals.

The original copy of the inspection forms (a statement of inspections) shall be signed and dated by the third-party inspection agency’s inspector and forwarded to the Division of Building Code Enforcement on the last day of each month.

Industrialized Building Systems **shall not** be shipped into or within Kentucky without an affixed M Seal.

Existing Industrialized Building Systems moved into or within the State without an affixed M Seal shall obtain a certificate of compliance by a Kentucky Registered engineer or architect to meet the provisions of Chapter 16 in the KBC.

KIBS Site Placement Plan Submission:

Other than single family dwellings, the site placement of KIBS shall be submitted to Building Code Enforcement for review and approval prior to placement. For submittal, please provide the following:

- A completed KIBS Site Placement Application Form (HBC KIBS-3) page 12 at attached our on our website: [HBC KIBS Site Placement Application Form](#)
- Site Placement Plans -See plan checklist below
- A plan review fee as established by 815 KAR 7:120 Section 3 – see review fee table on page 3

*Single Family Dwellings are not within the jurisdiction of The Department of Housing, Buildings & Construction. When the jurisdiction has a building program, **the local building official shall be contacted for site placement of a single-family dwelling.**

KIBS Site Placement Plan Checklist:

- Site Plan & Boundary 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 Exist Stairs, Landings, Ramps, Guardrails and Handrails
- 3 complete plumbing plans and 3 copies of this form, if plumbing is installed on site
- Plan Review/Inspection Fee (calculated per Table 121.3.1 of the 2018 Kentucky Building Code or a Minimum of **\$285.00 whichever 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.

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION
LICENSING BRANCH
500 MERO STREET
FRANKFORT, KENTUCKY 40601
(502) 573-2002 FAX (502) 573-1598

The undersigned hereby makes application for a Certificate of Acceptability as a Manufacturer of Industrialized Building Systems:

Company Name: _____

Address: _____

Street Number or Route & Box Number

(City) (State) (Zip)

(Area Code & Phone #) (Fax #) (E-mail)

A quality assurance manual must be attached.

A certificate of General Liability Insurance with the Department of Housing, Buildings and Construction listed as the certificate holder must be attached.

All licenses will expire on the last day of the birth month of the Primary Owner or the last day of the month of incorporation the following year, whichever applies. Please use the prorated chart enclosed for your initial fee. The renewal fee for this license shall be \$500.00. NOTE: All fees must accompany this application

Primary Owner's Name Title Birth Date

Incorporation Date: _____

NOTE:

List all manufacturing plants and locations (Name, City & State)

INITIAL ALL THAT APPLY:

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. **YES ____ or NO ____.**

If you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a Certificate of Acceptability at this time. Please contact the Licensing Branch for further information.

Signature of Applicant

Date

Title

MANUFACTURER'S FEE CHART

Use This Chart To Locate The Correct Fee For This Application

For a **NEW APPLICATION** the fee is based on your birth or incorporation month and the month in which you apply (see column for **New Applicant Manufacturer**).

Example: (see highlighted area in the January chart). If you were born or incorporated in October and you are applying in January, then your application fee is \$875.03. This license would be valid for 21 months.

If you apply in January

Birth month	Duration (Months)	New Appl. Manufacturer	Renewal Manufacturer
January	12	\$500.00	\$500.00
February	13	\$541.67	
March	14	\$583.34	
April	15	\$625.01	
May	16	\$666.68	
June	17	\$708.35	
July	18	\$750.02	
August	19	\$791.69	
September	20	\$833.36	
October	21	\$875.03	
November	22	\$916.70	
December	23	\$958.37	

If you apply in February

Birth month	Duration (Months)	New Appl. Manufacturer
January	23	\$958.37
February	12	\$500.00
March	13	\$541.67
April	14	\$583.34
May	15	\$625.01
June	16	\$666.68
July	17	\$708.35
August	18	\$750.02
September	19	\$791.69
October	20	\$833.36
November	21	\$875.03
December	22	\$916.70

If you apply in March

Birth month	Duration (Months)	New Appl. Manufacturer
January	22	\$916.70
February	23	\$958.37
March	12	\$500.00
April	13	\$541.67
May	14	\$583.34
June	15	\$625.01
July	16	\$666.68
August	17	\$708.35
September	18	\$750.02
October	19	\$791.69
November	20	\$833.36
December	21	\$875.03

If you apply in April

Birth month	Duration (Months)	New Appl. Manufacturer
January	21	\$875.03
February	22	\$916.70
March	23	\$958.37
April	12	\$500.00
May	13	\$541.67
June	14	\$583.34
July	15	\$625.01
August	16	\$666.68
September	17	\$708.35
October	18	\$750.02
November	19	\$791.69
December	20	\$833.36

If you apply in May

Birth month	Duration (Months)	New Appl. Manufacturer
January	20	\$833.36
February	21	\$875.03
March	22	\$916.70
April	23	\$958.37
May	12	\$500.00
June	13	\$541.67
July	14	\$583.34
August	15	\$625.01
September	16	\$666.68
October	17	\$708.35
November	18	\$750.02
December	19	\$791.69

If you apply in June

Birth month	Duration (Months)	New Appl. Manufacturer
January	19	\$791.69
February	20	\$833.36
March	21	\$875.03
April	22	\$916.70
May	23	\$958.37
June	12	\$500.00
July	13	\$541.67
August	14	\$583.34
September	15	\$625.01
October	16	\$666.68
November	17	\$708.35
December	18	\$750.02

If you apply July

Birth month	Duration (Months)	New Appl. Manufacturer		
January	18	\$750.02		
February	19	\$791.69		
March	20	\$833.36		
April	21	\$875.03		
May	22	\$916.70		
June	23	\$958.37		
July	12	\$500.00		
August	13	\$541.67		
September	14	\$583.34		
October	15	\$625.01		
November	16	\$666.68		
December	17	\$708.35		

If you apply August

Birth month	Duration (Months)	New Appl. Manufacturer
January	17	\$708.35
February	18	\$750.02
March	19	\$791.69
April	20	\$833.36
May	21	\$875.03
June	22	\$916.70
July	23	\$958.37
August	12	\$500.00
September	13	\$541.67
October	14	\$583.34
November	15	\$625.01
December	16	\$666.68

If you apply in September

Birth month	Duration (Months)	New Appl. Manufacturer
January	16	\$666.68
February	17	\$708.35
March	18	\$750.02
April	19	\$791.69
May	20	\$833.36
June	21	\$875.03
July	22	\$916.70
August	23	\$958.37
September	12	\$500.00
October	13	\$541.67
November	14	\$583.34
December	15	\$625.01

If you apply October

Birth month	Duration (Months)	New Appl. Manufacturer		
January	15	\$625.01		
February	16	\$666.68		
March	17	\$708.35		
April	18	\$750.02		
May	19	\$791.69		
June	20	\$833.36		
July	21	\$875.03		
August	22	\$916.70		
September	23	\$958.37		
October	12	\$500.00		
November	13	\$541.67		
December	14	\$583.34		

If you apply November

Birth month	Duration (Months)	New Appl. Manufacturer
January	14	\$583.34
February	15	\$625.01
March	16	\$666.68
April	17	\$708.35
May	18	\$750.02
June	19	\$791.69
July	20	\$833.36
August	21	\$875.03
September	22	\$916.70
October	23	\$958.37
November	12	\$500.00
December	13	\$541.67

If you apply in December

Birth month	Duration (Months)	New Appl. Manufacturer
January	13	\$541.67
February	14	\$583.34
March	15	\$625.01
April	16	\$666.68
May	17	\$708.35
June	18	\$750.02
July	19	\$791.69
August	20	\$833.36
September	21	\$875.03
October	22	\$916.70
November	23	\$958.37
December	12	\$500.00

**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT
500 MERO STREET
FRANKFORT, KENTUCKY 40601-5412
(502) 573-0373 FAX (502) 573-1598**

KIBS MODEL APPLICATION FORM

This form to be completed by Manufacturer's Representative. Please CHECK ONE:

- Residential Modular Homes (One or Two-Family Dwellings other than HUD Manufactured Home)
- Commercial Modular Units (All Use Groups other than 1 or 2 family dwellings.)

USE: _____

MANUFACTURER INFORMATION

NOTE: Complete the following information for the manufacturer or indicate your Kentucky assigned KIBS factory number,

(a 3-digit number with A or B suffix assigned by the Office during first model submittal) here: _____

MANUFACTURER'S NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

FACTORY LOCATION: _____

NAME OF FACTORY REPRESENTATIVE: _____ PHONE NUMBER: _____

MODULAR BUILDING INFORMATION

PROPOSED MODEL NAME: _____ MODEL #: _____

OVERALL BUILDING SIZE: _____ WIDTH: _____ LENGTH: _____

AREA PER FLOOR: _____ NUMBER OF FLOOR LEVELS: _____

TOTAL AREA IN BUILDING: _____ TOTAL NUMBER OF BLDG. MODULES OR UNITS: _____

SIZE OF UNITS: _____ W x: _____ L: _____

MODEL PLAN SUBMISSION CHECKLIST

Note: Please check each item included with your Model Plan
**All of this information is required with the Model Plan
Submission.**

Cover Letter or Letter of Transmittal
Plans drawn to minimum scale of $1/8" = 1'-0"$
Title Sheet
Foundation Plan or Blocking Points Plan
Floor Plan(s)
4 Exterior Elevation Views
Design Loads, Seismic, Wind, Snow, Live &
Dead Loads
Traverse or Cross-section detail
Door, Window & Hardware Schedules
Interior Finish Schedules

Framing Plans & Construction Details
Specifications
Mechanical (HVAC) Plans & Details
Electrical Plan(s)
Energy Calculations
Plan Review/Inspection Fee (Calculated Per Table
122.3.1 of the 2018 Kentucky Building Code or a
minimum of **\$285.00 whichever fee is greater**).
*Make check payable to the Kentucky State
Treasurer.*

Manufacturers Systems Manuals shall not be considered as
substitution for the information required on the plan Submittal.

The minimum distance between any commercial Kentucky
Industrialized Building and any other building shall be Twenty feet,
one inch (20' 1"). Any reduction in this distance shall be approved
prior to shipment of the unit.

Please be advised all previous model plan reviews are invalid if the
model has not been resubmitted for our review and approval under
the new codes.

REDUCTION OF 11/2 INCH PLATE THICKNESS FOR ANCHOR
BOLTS IS NOT ACCEPTABLE IN KENTUCKY. USE THICKER
PLATE OR ALTERNATE ANCHORING SYSTEM.

HBC KIBS-3 (April 2023)	
K.I.B.S. SITE PLACEMENT APPLICATION FORM	

**Public Protection Cabinet
Department of Housing, Buildings & Construction
Division of Building Code Enforcement
500 Mero Street, Floor 1
Frankfort, Kentucky 40601
(502) 573-0373**

Date: _____

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

NAME OF PERSON SUBMITTING PLANS _____	PHONE (_____) _____ - _____	IS THE SITE REVIEW FEE INCLUDED WITH PLANS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
BUSINESS & PROJECT NAME: _____			
PROJECT LOCATION: _____ NO. / STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes) CITY COUNTY			
OWNER OR CUSTOMER: _____ PHONE (_____) _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
ARCHITECT (NAME & FIRM): _____ PHONE (_____) _____ - _____			
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. <input type="checkbox"/> YES <input type="checkbox"/> NO			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
DEALER NAME: _____ PHONE (_____) _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
MANUFACTURER NAME: _____ PHONE (_____) _____ - _____			
MAILING ADDRESS: _____ NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE			
SITE CONTRACTOR: _____ PHONE (_____) _____ - _____			
MAILING ADDRESS: _____ 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.eoffice, 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.² **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>NOTE: 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

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 2018 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: Division of Building Code Enforcement (502) 573-0373 or Division of 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 BESUBMITTED----- _____

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 BESUBMITTED----- _____

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 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 500 MERO STREET, FLOOR 1
FRANKFORT, KENTUCKY 40601

(502)573-0397

**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT
500 MERO STREET
FRANKFORT, KENTUCKY 40601-5412
(502) 573-0373 FAX (502) 573-1059**

APPLICATION FOR M-SEALS

NAME: _____ CERTIFICATE NUMBER: _____

MAILING ADDRESS: _____
Street Number or Route Number/P.O. Box Number

_____ City State Zip Code

PHONE #: (____) _____ - _____ EMAIL ADDRESS: _____

Total # seal(s) requested: _____

I hereby certify compliance with the applicable standards of KRS Chapter 198B and 815 KAR Chapter 7:130.

Signature: _____ Date: _____

<u>For Office Use Only</u>
Date Received _____
Approved _____
Seal Numbers Issued (range) _____

**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT
500 MERO STREET
FRANKFORT, KENTUCKY 40601-5412
(502) 573-0373 FAX (502) 573-1598**

M-SEAL VERIFICATION FORM

KIBS/Permit Number	Seal Number	Manufacturer	Model Number

I hereby certify that the seals listed above have been affixed and the building has been inspected in compliance with 815 KAR 7:130. This form shall be submitted with each application for additional seals. If the number of seals to report exceeds the space provided, please use an additional form HBC KIBS-5.

Inspector's Name: _____ **Certification Number:** _____

Signature: _____ **Date:** _____