



PLAN APPLICATION FORM

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
 500 MERO ST, 1ST FLOOR
 FRANKFORT, KENTUCKY 40601-1987



BUILDING CODES: (502) 573-0373 PLUMBING: (502) 573-0397

NOTE: Complete all applicable spaces

Today's Date: _____

REV 2/2020

| | | |
|-----------------------------------------|-------------|-------------------------------------------------------------|
| NAME OF PERSON SUBMITTING PLANS | Phone _____ | IS THE BCE PLAN 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 |

| | | |
|-------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| FAX: _____ | EMAIL: _____ | SEND APPROVAL LETTER VIA: FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> POSTAL <input type="checkbox"/> |
|-------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

BUSINESS & PROJECT NAME: _____
 (Or tenant name if multi-tenant building) **PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW**

PROJECT LOCATION: _____ **KY**
 NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) CITY STATE ZIP CODE

IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME: _____

PROJECT LOCATED WITHIN CITY LIMITS? Yes No COUNTY _____

OWNER (INDIVIDUAL & COMPANY) _____ PHONE _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

ARCHITECT (NAME & FIRM) _____ PHONE _____

AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION Yes No

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

ENGINEER (NAME & FIRM) _____ PHONE _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

PROJECT CONTRACTOR _____ PHONE _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

BUILDING INFORMATION

| | | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| NUMBER OF BUILDINGS IN THIS SUBMITTAL: _____ | USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify) _____ | |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|

| | | | | |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|------------------------------------------|------------------------------------------------|
| BUILDING(S) IN THIS PROJECT IS / ARE: | <input type="checkbox"/> NEW FREESTANDING BUILDING | <input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE | <input type="checkbox"/> RENOVATION ONLY | <input type="checkbox"/> RENOVATION & ADDITION |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|------------------------------------------|------------------------------------------------|

| | | | | | |
|---------------------------------------------|-----------------------|-----------------------------------------------|-------|-----------------|----------------------------------------------------------|
| TOTAL AREA IN NEW BLDG. OR ADDITION: | FT ² _____ | NUMBER OF LEVELS (INCLUDING BASEMENT): | _____ | BASEMENT | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------|-----------------------|-----------------------------------------------|-------|-----------------|----------------------------------------------------------|

| | | | | | |
|--------------------------------------|-----------------------|------------------------------------|-------|-----------------------------------|-------|
| TOTAL AREA IN EXISTING BLDG.: | FT ² _____ | DATE CONSTRUCTION TO BEGIN: | _____ | ESTIMATED COMPLETION DATE: | _____ |
|--------------------------------------|-----------------------|------------------------------------|-------|-----------------------------------|-------|

TYPE OF PLAN SUBMITTALS

| | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time) | SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time) |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

| | | | |
|-----------------------------------|-----------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|
| BUILDING PLAN REVIEW (BCE) | PLUMBING PLAN REVIEW | Suppression System (Sprinkler, CO², Etc.) <input type="checkbox"/> | Range Hood System <input type="checkbox"/> |
|-----------------------------------|-----------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|

| | | | |
|-----------------------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------|
| Full Building Review <input type="checkbox"/> | Plumbing Review ONLY <input type="checkbox"/> | Alarm Systems <input type="checkbox"/> | Fuel Tank <input type="checkbox"/> |
|-----------------------------------------------|------------------------------------------------------|----------------------------------------|------------------------------------|

| | | | |
|-------------------------------------------------------------|----------------------------------------------|----------------------------------------|-----------------------------------|
| Expedited Site & Foundation Review <input type="checkbox"/> | Water Supply Review <input type="checkbox"/> | Boiler System <input type="checkbox"/> | Elevator <input type="checkbox"/> |
|-------------------------------------------------------------|----------------------------------------------|----------------------------------------|-----------------------------------|

| | | | |
|---------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------------------|
| Waste Water Review <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> | Bleacher Seating <input type="checkbox"/> | Swimming Pool <input type="checkbox"/> |
|---------------------------------------------|-------------------------------------------------|-------------------------------------------|----------------------------------------|

| | | |
|------------------------------------|---------------------------------------|---------------------------------------------------|
| SUBMIT ONLY ONE SET FOR BCE | SUBMIT 3 SETS OF PLANS FOR PLB | SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE |
|------------------------------------|---------------------------------------|---------------------------------------------------|

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------|--------------------|----------------------|--------------------------------------------|----------------------------------------------------------|

| | | | |
|-------------------------|---------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|
| SEWAGE DISPOSAL: | TYPE: <input type="checkbox"/> Municipal <input type="checkbox"/> Private | ARE RESTROOMS ACCESSIBLE TO DISABLED? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Frankfort) | THIS AREA FOR OFFICE USE ONLY |
| REVIEWED BY: _____ | |
| NAME | |
| TITLE DATE | |
| APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT) _____ | |