



PLAN APPLICATION FORM

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
 500 Mero Street, Floor 1
 FRANKFORT, KENTUCKY 40601-5412
BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397



NOTE: Complete all applicable spaces

Today's Date:

REV.1/2020

NAME OF PERSON SUBMITTING PLANS		Phone () - Ext		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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		COUNTY	
OWNER (INDIVIDUAL & COMPANY)				PHONE () - Ext	
MAILING ADDRESS: _____					
NUMBER / STREET, HWY, ROAD or P. O. BOX			CITY	STATE	ZIP CODE
FAX:		EMAIL:			
ARCHITECT (NAME & FIRM)				PHONE () - Ext	
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
FAX:		EMAIL:			
NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2013 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only.					
ENGINEER (NAME & FIRM)				PHONE () - Ext	
MAILING ADDRESS: _____					
NUMBER / STREET, HWY, ROAD or P. O. BOX			CITY	STATE	ZIP CODE
FAX:		EMAIL:			
PROJECT CONTRACTOR				PHONE () - Ext	
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, CO ² , 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"/>	
Other <input type="checkbox"/>		Waste Water Review <input type="checkbox"/>		Bleacher Seating <input type="checkbox"/> Swimming Pool <input type="checkbox"/>	
Other (please specify) <input type="checkbox"/>		Other (please specify) <input type="checkbox"/>		Prefabricated Truss <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:					
<input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> 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 Frankfort)			THIS AREA FOR OFFICE USE ONLY		
REVIEWED BY:					
NAME					
TITLE		DATE			
APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)					

