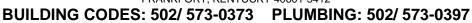


NOTE: Complete all applicable spaces

## **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



**Today's Date:** 



REV.1/2020

NAME OF PERSON SUBMITTING PLANS	Phone ( )	- Ext	IS THE BCE PLAN RE INCLUDED WITH PLA	<del>=</del>
MAILING ADDRESS:				-
NUMBER / STREET, HI	WY, ROAD or P. O. BOX  EMAIL:		END APPROVAL LETTER	STATE ZIP CODE  VIA: FAX  EMAIL
	EMAIL.	P	OSTAL	_
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, HI IF PROJECT IS EXISTING, PLEASE NOTE PREV	WY OR ROAD (Please do not indicate P.O. Box o	r Postal Routes) CIT	ГҮ	STATE ZIP CODE
PROJECT LOCATED WITHIN CITY LIMITS?	☐ Yes ☐ No		COUNTY	
OWNER (INDIVIDUAL & COMPANY)			PHONE (	) - Ext
MAILING ADDRESS:			,	-
NUMBER / STREET, HW	Y, ROAD or P. O. BOX	CITY		STATE ZIP CODE
ARCHITECT (NAME & FIRM)	LWAL	•	PHONE (	) - Ext
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIB	LE FOR CONSTRUCTION CONTRACT AI	DMINISTRATION	☐ Yes	☐ No
MAILING ADDRESS:	N/ DOAD - D O DOV	OUTV		-
NUMBER / STREET, HW	Y, ROAD or P. O. BOX  EMAIL:	CITY		STATE ZIP CODE
NOTE: DESIGN CERTIFICATION REQUIRED. All buildi				
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 submit	ission only.		PHONE (	) - Ext
			FIIONE (	<u> </u>
MAILING ADDRESS:NUMBER / STREET, HW		CITY		STATE ZIP CODE
FAX:	EMAIL	<del>.i</del>	,	<u> </u>
PROJECT CONTRACTOR			PHONE (	) - Ext
MAILING ADDRESS: NUMBER / STREET, HW	Y, ROAD or P. O. BOX	CITY		STATE ZIP CODE
FAX: EMAIL:				
BUILDING INFORMATION  NUMBER OF BUILDINGS IN THIS USE OF BUILDING(S) ierestaurant, office, classroom, storage or				
SUBMITTAL:	other ( please specify )			_
BUILDING(S) IN THIS PROJECT IS / ARE		V ADDITION TO NG STRUCTURE	☐ RENOVATION ONLY	RENOVATION & ADDITION
TOTAL AREA IN NEW BLDG. OR	T <sup>2</sup> NUMBER OF LEVELS	BAS	SEMENT  Yes	□No
ADDITION:  TOTAL AREA IN EXISTING BLDG.:	(INCLUDING BASEMENT):  DATE CONSTRUCTION TO		STIMATED COMPLETION	ON
	BEGIN:		PATE:	
TYPE OF PLAN SUBMITTALS  BUILDING PLAN SUBMITTALS  SHOP DRAWING PLAN SUBMITTALS				
(Check the type of evaluations req	quested at this time)		type of evaluations reque	ested at this time)
BUILDING PLAN REVIEW (BCE)	PLUMBING PLAN REVIEW	Suppression Syste (Sprinkler, CO <sup>2</sup> , Et	II Rand	ge Hood System
	Imbing Review <b>ONLY</b> Sater Supply Review		<u>=</u>	Tank
	ater Supply Review aste Water Review	<b>:</b>   '		ator $\hfill\Box$ nming Pool $\hfill\Box$
Oth	ner (please specify)	ו	Prefa	abricated Truss
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. OI MALES		ARE RESTROC TO PUBLIC?	OMS ACCESSIBLE	☐ Yes ☐ No
SEWAGE DISPOSAL: TYPE		ARE RESTROO	MS ACCESSIBLE	☐ Yes ☐ No
WATER SUPPLY:		TO DISABLED?	,	
☐ PUBLIC ☐ DRILLED WELL ☐ CISTERN ☐ HAULED WATER ☐ ROOF WATER ☐ SPRING ☐ STREAM				
IF PRIVATE, INDICATE THE TYPE AND THE DES	SIGN:			
BY WHOM:				
NAME TITLE REGISTRATION NUMBER  THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT  THIS AREA FOR OFFICE LIST ONLY.				
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)				

