

RESIDENTIAL ACCESSORY STRUCTURE

PERMIT APPLICATION

[GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION](#)

100 North Court Street - Georgetown, KY 40324

Phone: (502) 863-9802 Fax: (502)863-4169

E-mail: Inspector@georgetownky.gov

Project Address:		
Subdivision:	Lot #:	Lot Size:
Owner name:		Owner phone:
Owner address:		
City:	State:	Zip:
Select one of the following: Barn <input type="checkbox"/> Garage <input type="checkbox"/> Shed <input type="checkbox"/> Other <input type="checkbox"/> _____		
Construction Cost: \$	Sewer <input type="checkbox"/> Septic* <input type="checkbox"/> (Site Evaluation Required)	
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Name:	Phone:	
Company:		
Address:		
City:	State:	Zip code:
E-mail:		
Contractor Information		
Contact name:		
Company name:		
Phone:	Fax:	Email:
Structure Dimensions		
Length:	Width:	Height:
Stories:		
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
Square Footage Calculations		
Total Sq/Ft:		
Permit Fee		
Fast Track (Reviewed within 24 hrs)	\$100	
Cost Fee Schedule (per chart)		
TOTAL PERMIT FEE		\$

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Acknowledgement

Applicant Signature _____ Date _____

I certify that all information contained in this application is accurate to the best of my knowledge and that a complete set of construction documents has been included with my application.

OFFICE USE ONLY: PLAN REVIEW

Permit #

Date Received:

Jurisdiction: G SC SG Sadie.

Receipt #:

Check # _____ CASH CC

Finish Floor Elevation Yes No

SWALE Certificate Yes No

Flood Plain Yes No

Zone:

Setbacks: F- S- R-

Use Group: U-R

Const. Type:

Plan Reviewed by:

Date: