

RESIDENTIAL NEW BUILD 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: House <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <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:	
E-mail:		
Structure Dimensions		
Length:	Width:	Height:
Stories:	# of Bedrooms:	# of Bathrooms:
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
Basement: Un-finished <input type="checkbox"/> Finished <input type="checkbox"/>		
House Options		
Fireplace: Yes <input type="checkbox"/> No <input type="checkbox"/>	Floor Joist Type:	
Gas Appliances: Yes <input type="checkbox"/> No <input type="checkbox"/>	HERS Rated: Yes <input type="checkbox"/> No <input type="checkbox"/>	

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Square Footage Calculations			
Living Area		Non-Living	
	1 st Floor		Garage
	2 nd Floor		Porch
	Finished Basement		Un-finished Basement
	Other		Other
	Living Sq/Ft		Non-Living Sq/Ft
TOTAL SQ/FT			
Permit Fee			
Fast Track (Reviewed within 24 hrs)		\$100	
Herbie Fee		\$63.6	
Land Disturbance		\$25	
Deck		\$40	
Total Sq/Ft x .12 (\$250 min.)		\$	
TOTAL PERMIT FEE		\$	
Acknowledgement			
<p>Applicant Signature _____ Date _____</p> <p>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.</p>			
OFFICE USE ONLY: PLAN REVIEW			
Permit #			
Date Received:	Jurisdiction: G SC SG Sadie.		
Receipt #:	Check # _____ CASH CC		
Finish Floor Elevation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
SWALE Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Flood Plain	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Zone:	Setbacks: F- S- R-		
Use Group:	Const. Type:		
Plan Reviewed By:	Date:		