

COMMERCIAL 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:		
Owner name:	Owner phone:	
Owner address:		
City:	State:	Zip Code:
Architect/ Engineer:		Phone:
Construction Cost: \$		
Select one of the following descriptions: New Building <input type="checkbox"/> New Addition <input type="checkbox"/> Other <input type="checkbox"/> _____		
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect <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:
Foundation		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Basement <input type="checkbox"/>
Other <input type="checkbox"/>		
Square Footage Calculations		
Number of Stories		Sq/Ft per Floor
Total Sq/Ft of Building		

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Permit Fee	
Cost Fee Schedule (Per Chart)	\$
Total Sq/Ft x .___ cents (Local Jurisdiction only)	\$
TOTAL PERMIT FEE	\$
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 <input type="checkbox"/> No <input type="checkbox"/>
Development Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>
Zone:	Setbacks: F- S- R-
Use Group:	Const. Type:
Plan Reviewed By:	Date: