

# RESIDENTIAL ACCESSORY STRUCTURE

# PERMIT APPLICATION

GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION

125 West Clinton Street - Georgetown, KY 40324

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

E-mail: [Inspector@georgetownky.gov](mailto:Inspector@georgetownky.gov)

<b>Project Address:</b>		
Subdivision:	Lot #:	Lot Size:
Owner name:		Owner phone:
Owner address:		
City:	State:	Zip:
Select one of the following: <b>Barn</b> <input type="checkbox"/> <b>Garage</b> <input type="checkbox"/> <b>Shed</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> _____		
Any plumbing or running water being installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Construction Cost: \$	Sewer <input type="checkbox"/> Septic* <input type="checkbox"/> (Site Evaluation Required)	
<b>Applicant Information</b>		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
<b>Contractor Information</b>		
Company name:		
Contact name:		
Phone:	Email:	
<b>Structure Dimensions</b>		
Length:	Width:	Height:
Stories:		
<b>Foundation</b>		
Slab <input type="checkbox"/>	Crawl <input type="checkbox"/>	Other <input type="checkbox"/>
<b>Square Footage Calculations</b>		
Total Sq/Ft:		
<b>Permit Fee</b>		
Fast Track (Reviewed within 24 hrs)	\$100	
Cost Fee Schedule (per chart)		
<b>TOTAL PERMIT FEE</b>		<b>\$</b>
<b>Acknowledgement</b>		
<b>Applicant Signature</b> _____ <b>Date</b> _____		
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.		

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## OFFICE USE ONLY: PLAN REVIEW

Permit #	
Date Received:	Jurisdiction: G SC SG Sadie.
Receipt #:	Check # _____ CASH CC
Flood Plain Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zone:	Setbacks: F- S- R-
Use Group: U-R	Const. Type:
Plan Reviewed by:	Date: