

RESIDENTIAL DECK 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

Project Address:			
Subdivision:		Lot #:	Lot Size:
Owner name:		Owner phone:	
Owner address:			
City:		State:	Zip code:
Construction Cost: \$			
Applicant Information			
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>			
Contractor Information			
Company name:		Workers Comp: Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>	
Contact name:			
Phone:		Email:	
Foundation			
Footer <input type="checkbox"/>		Slab <input type="checkbox"/>	Other <input type="checkbox"/>
Deck Options			
Post Size		Floor Joist Size	
Footer Depth		Freestanding	Yes <input type="checkbox"/> No <input type="checkbox"/>
Structure Dimensions			
Length:		Width:	Height:
Stories:			
TOTAL Sq/Ft:			
Permit Fee			
		Fast Track (reviewed within 24 hrs)	\$100
		Deck Fee	\$40
		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 a complete set of construction documents has been included with my application.</p>			

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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: