

RESIDENTIAL RENOVATION 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:
Select one of the following: Whole House <input type="checkbox"/> Fire Job <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"/>		
Contractor Information		
Contact name:		
Company name:		
Phone:	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		\$
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
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: R-3	Const. Type:
Plan Reviewed by:	Date: