

RESIDENTIAL RENOVATION PERMIT APPLICATION

GEORGETOWN/SCOTT COUNTY BUILDING INSPECTION

125 West Clinton Street - Georgetown, KY 40324

Phone: (502) 863-9802

E-mail: Inspector@georgetownky.gov

Project Address:		Lot # or Size:
Select one of the following: Whole House <input type="checkbox"/> Fire Job <input type="checkbox"/> Other <input type="checkbox"/> _____		
Construction Cost: \$		
Applicant Information		
Applicant is: Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Both <input type="checkbox"/>		
Owner name:		
Owner address:		
Owner phone:		
Owner email:		
Contractor Information		Workers Comp: <input type="checkbox"/> Insurance Cert. <input type="checkbox"/> Affidavit <input type="checkbox"/>
Company name:		
Contact name:		
Mailing Address:		
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		
Cost Fee Schedule (per chart) min \$150		
TOTAL PERMIT FEE		\$
Fast Track (Moves to front of plan review que.) Double permit fee.		
TOTAL PERMIT FEE		\$

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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
Flood Plain Yes <input type="checkbox"/> No <input type="checkbox"/>	
Zone:	Setbacks: F- S- R-
Use Group:	Const. Type:
Plan Reviewed by:	Date: