

# MASON COUNTY JOINT PLANNING COMMISSION

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Phone #: 606-564-2504

**Mason County Fiscal Court**  
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[www.masoncounty-ky.com](http://www.masoncounty-ky.com)

## Building Permit Application for Non-Residential Structures

Project Name \_\_\_\_\_ Land Use Dist. (Zoning) \_\_\_\_\_

Project address \_\_\_\_\_

Lot # / Subdivision name \_\_\_\_\_

<b>Property Owner</b> _____	Office phone _____
Address _____	
E-mail _____ @ _____	Fax _____ Cell phone _____
<b>Contactor</b> _____	Office phone _____
Address _____	
E-mail _____ @ _____	Fax _____ Cell phone _____
<b>Architect / Engineer</b> _____	Office phone _____
Address _____ E-mail _____	
_____ @ _____	Fax _____ Cell phone _____

<b>Project type:</b> New construction    Addition    Remodeling/use change    Utility Building
<b>Square Footage:</b> Existing _____ New _____ Total _____ No. Stories _____
<b>Estimated Construction Cost</b> (building, sitework and equipment minus land cost) \$ _____
Proposed starting date _____ Estimated completion date _____
<b>Proposed use: List products sold or produced; business type; service provided; etc.</b>
Restaurant / bar    Business office _____    Mercantile /retail _____
Service _____    Factory _____    Storage _____
School / Day Care    Church    Hotel / Motel    Other _____    Occupant load _____
_____ # of employees    _____ # of stories _____

<b>Site Information:</b> Lot area _____ acres or _____ sq. ft. # off-street parking spaces _____
Building setbacks from property lines. Name of street that building will face _____

Front \_\_\_\_\_ ft. (ROW line) Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Corner lot? yes  
no

**Construction type:** Wood Frame Post Frame (pole) Structural Steel Masonry KIBS Other  
\_\_\_\_\_  
**Exterior Walls:** Metal skin Block Brick Concrete Vinyl Siding  
Stucco Other \_\_\_\_\_  
**Roof structure:** Truss (submit engineered truss design) Stick frame Bar  
Joist Other \_\_\_\_\_  
**Roof covering:** Asphalt membrane Asphalt / fiberglass shingle Rubber  
membrane Metal Other \_\_\_\_\_

**Required Submittals.** The following items are required to be submitted with this application  
Site plan Two sets of building plans List of names and addresses of all subcontractors.  
**Specialized systems.** Supplemental plans are required for specialized building systems. Check the appropriate boxes  
for those plans that are being submitted or will be submitted for this project: Fire Suppression Range Hood  
Fire Alarm Elevator Other \_\_\_\_\_

**Permit fee calculator:**  
New construction/additions: square footage \_\_\_\_\_ x 4¢ = \_\_\_\_\_ + \$100 = \$ \_\_\_\_\_ Total  
Remodeling: \$100  
State Inspected Project (Plan Review Fee): \$150

For Office Use Only:  
Permit no. \_\_\_\_-B-\_\_\_\_ issued \_\_\_\_\_ by \_\_\_\_\_  
Fee paid \$ \_\_\_\_\_ by cash Check no. \_\_\_\_\_

**Applicant instructions:** This application must be completed in full, and accompanied by all required plans and the permit fees. You are responsible for locating all property lines, and assuring the required setbacks are maintained.

I hereby certify that all information contained in this application and the plans submitted are accurate and true to the best of my knowledge. I further agree to comply with all applicable building codes, statutes and ordinances for the duration of this project. I herby certify that, pursuant to KRS Chapter 342.060, all contractors and subcontractors employed in any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky requirements for Worker's Compensation Insurance (KRS Ch. 342) and Unemployment Insurance (KRS Ch. 341).

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Property Owner signature (if not the applicant) Date

**Plan Review Signatures**

\_\_\_\_\_  
Building Inspector Date

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Planning Commission Administrative Official

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Date

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County Judge Executive

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Date