

City of Maysville, Kentucky

Matt Wallingford, MPA
Administrative Officer
Phone #: 606-564-2504

Gary Wells
Building Inspector
Phone #: 606-564-2504

City of Maysville
216 Bridge Street
Maysville, KY 41056
606-564-2504 fax 606-564-9416

www.cityofmaysville.com

Building Permit Application for Non-Residential Structures

Project Name _____ **Land Use Dist. (Zoning)** _____

Project address _____

Lot # / Subdivision name _____

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

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

Site Information: 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 Four sets of building plans List of names and addresses of all subcontractors.
Landscape Plan
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 hereby 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

Utility Manager

Date

City Engineer

Date

Assistant Fire Chief

Date