

# ANDERSON COUNTY BUILDING INSPECTION

137 S. MAIN ST., LAWRENCEBURG, KY 40342

PHONE: (502) 839-1505 FAX: (502) 839-8151

PVA PARCEL NUMBER		PERMIT NUMBER	
<b>Residential &amp; Accessory Bldg Permit Application</b>			
JOBSITE ADDRESS			
OWNER			
ADDRESS			
PHONE			
CONTRACTOR			
ADDRESS			
PHONE			
APPLICANT IS:	<input type="checkbox"/> OWNER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> OWNER'S AGENT
<b>TYPE OF WORK</b>		<b>HVAC</b>	<b>TYPE OF STRUCTURE</b>
<input type="checkbox"/> New Structure	<input type="checkbox"/> Renovation	<input type="checkbox"/> Geoth.	<input type="checkbox"/> Single Family
<input type="checkbox"/> New Addition	<input type="checkbox"/> Structural Repairs	<input type="checkbox"/> L.P. Gas	<input type="checkbox"/> Duplex
<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Fire Damage	<input type="checkbox"/> Nat Gas	<input type="checkbox"/> Tri-Plex
<input type="checkbox"/> Damage Repairs	<input type="checkbox"/> Other _____	<input type="checkbox"/> Ht Pump	<input type="checkbox"/> Townhouse
			<input type="checkbox"/> Garage
			<input type="checkbox"/> Deck
			<input type="checkbox"/> Cabin
			<input type="checkbox"/> Other _____
<b>PROPOSED HOME/LOT DESCRIPTION</b>			
Building Dimension:	_____ X _____		Height: _____ # Stories: _____
Deck Dimensions:	_____ X _____		Fireplace: Yes / No Electric: <input type="checkbox"/> KU <input type="checkbox"/> BGE
Exterior Finish	<input type="checkbox"/> Brick <input type="checkbox"/> Vinyl <input type="checkbox"/> Other		Sewage System <input type="checkbox"/> Septic <input type="checkbox"/> Sewer
Zoning District: _____	# Bedrooms	1 2 3 4	# Baths 1 2 3 4 # 1/2 Bath
Lot Size:	Width: _____	Depth: _____	Acreage: _____
Is proposed structure within 50' of any creek, river, or stream?			Yes / No
<input type="checkbox"/> State Road	<input type="checkbox"/> County Road	<input type="checkbox"/> Private Road	Total Road Frontage _____ Ft.
<b>FOUNDATION</b>		<b>Square Footage</b>	
<b>Type</b>	<b>Material</b>	1st Floor	<b>Required Documentation</b> Construction Drawings Site Plan State/County Culvert Permit Sewer / Septic Approval Copy of Deed or Plat Farmstead Exemption Affidavit <i>(attach affidavit if applicable)</i>
<input type="checkbox"/> Basement	<input type="checkbox"/> Concrete	2nd Floor	
<input type="checkbox"/> Crawl Space	<input type="checkbox"/> Block	Basement	
<input type="checkbox"/> Slab	<input type="checkbox"/> I.C.F.	Garage	
<input type="checkbox"/> Post	<input type="checkbox"/> Treated Posts	Total	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Deck	
The Undersigned hereby certifies they are the owner or the owner's agent of the property and that all information is true and accurate to the best of their knowledge.			

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICE USE ONLY			
Application Date: ____ / ____ / ____	Farm Exemption Yes / No		Fee Breakdown
Permit Fee Paid: \$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	Check # _____	\$10 / \$ _____ / \$ _____
Estimated Cost of Construction: \$ _____			

# ANDERSON COUNTY BUILDING INSPECTION

137 S. MAIN ST., LAWRENCEBURG, KY 40342

PHONE: (502) 839-1505 FAX: (502) 839-8151

Provide a sketch, indicating dimensions of the lot, location of street/alleys, shape & dimension of all existing and proposed buildings and distances from buildings to lot lines. (Zoning Article III - Section 310)

FOR OFFICIAL USE ONLY

Zoning District Setbacks: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Actual Measurements: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Approve for Permit       Deny Permit      Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Zoning Enforcement Officer)

Location Permit Issued: # \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

---

**ANDERSON COUNTY BUILDING INSPECTION**

137 S. Main St. Lawrencebrug KY 40342

Phone (502) 839-1505 Fax: (502) 839-8151

---

**AFFIDAVIT of ASSURANCES for RESIDENTIAL CONSTRUCTION  
PURSUANT TO KRS 198.B.060(10)**

Comes the applicant; \_\_\_\_\_, and states, pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the attached referenced project shall be in compliance with the Commonwealth of Kentucky requirements for **Worker's Compensation Insurance** (according to KRS Chapter 342) and **Unemployment Insurance** (according to KRS Chapter 341).

Also, that all sub-contractors involved with the construction of this structure meet the requirements of Anderson County Ordinance No. 2011-2. "Ordinance for the privilege of engaging in a business or profession within **Anderson County Kentucky**" (**Business License**)

The applicant also states that the information given is, to the best of his/her knowledge, true and accurate. It is understood and agreed upon by the applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his party such as might, if known, cause a refusal of this application or any alteration or change in plans made without the approval of the Zoning Enforcement Officer subsequent to the issuance of the **Residential Building Permit**, shall constitute grounds for the revocation of such permit.

I, as the contractor, owner or owner's agent, am aware of the required inspections and the applicant's responsibility to schedule those inspections. All inspections shall be scheduled at minimum 24hrs in advance.

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Contractor, Owner or Owner's Agent

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_

Applicant, on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE AT LARGE. KY

My Commission Expires: \_\_\_\_\_

---

# ANDERSON COUNTY BUILDING INSPECTION

137 S. Main St. Lawrenceburg KY 40342

Phone:(502) 839-1505 Fax:(502) 839-8151

---

## When to call for an Inspection

### *Residential Inspection Requirements*

**FOOTING INSPECTION**

After the footing has been excavated and reinforcing steel is tied in place(if required) and before any concrete is poured.

**FOUNDATION (POURED WALL) INSPECTION**

After concrete forms have been set and reinforcing steel is tied in place and before any concrete is poured.

**FOUNDATION (BLOCK WALL) INSPECTION**

After block has been installed, anchor bolts installed, foundation water proofing applied and before sub-floor has been installed.

**SLAB INSPECTION**

After vapor barrier and perimeter insulation is in place and before any concrete is poured.

**FRAMING INSPECTION**

After all framing is complete, rafter ties installed(to wall plates), windows installed, the electrical, plumbing, and HVAC rough-in inspections have been approved and stickered. The structures interior must be "weathered in".

**INSULATION & FIRE BLOCKING INSPECTION**

All insulation shall be in place that will be behind wall coverings. All holes thru wall plates and floor assemblies shall be fire-stopped and all verticle to horizontal communication in framing shall be fire blocked

**FINAL INSPECTION**

When project is completed and ready to occupy, the Electrical, HVAC and Plumbing have approved final inspections, the final grading has been completed, a permanent certificate of insulation installed, has been posted on or in the electrical panel and before any furniture or clothing is moved in. After the final inspection is approved, a Certificate of Occupancy can be issued by the Building Inspection Department. It can either be mailed or picked up in the office.

Failure to have a required inspection will result in the posting of a "STOP WORK ORDER" and require the removal of the work until the proper inspection can be made and the work approved. It is the responsibility of the permit holder to schedule any and all inspections.

Failure to note any code deficiencies at the time of plan review and/or during the field inspections does not relieve the permit holder from complying with all applicable codes.

**At the Final Inspection a complete list of sub-contractors used on this project shall be provided.**

---

**ANDERSON COUNTY BUILDING INSPECTION**

**137 S. Main St. Lawrencebrug KY 40342**

**Phone (502) 839-1505 Fax: (502) 839-8151**

---

**AFFIDAVIT OF RECEIVING REQUIRED INSPECTION CHECKLIST  
PURSUANT TO 2013 KBC**

Comes the applicant; \_\_\_\_\_, and states that a copy of the required inspection checklist has been provided, that the information provided has been discussed and the parties agree to the required checklist and required 24 hours notification on all inspections. Furthermore, all parties acknowledge that any work completed prior to inspection/approval will be required to be removed at the expense of the owner and/or contractors responsible for the work completed.

I, as the contractor, owner or owner's agent, am aware of the required inspections and the applicant's responsibility to schedule those inspections. All inspections shall be scheduled at minimum 24hrs in advance.

This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Contractor, Owner or Owner's Agent

## Construction Project Information

This form may be substituted for submitting actual framing plans.

A floor plan with scale elevation views is still required.

Contractor: \_\_\_\_\_

Project Address: \_\_\_\_\_

Please fill in the blanks

### Foundation

- 1 Foundation Type: Slab \_\_\_\_ Crawl Space \_\_\_\_ Basement \_\_\_\_
- 2 Footer Dimensions \_\_\_\_" x \_\_\_\_" Min. Depth below finish grade \_\_\_\_"
- 3 Foundation Walls: Block \_\_\_\_ Poured Concrete \_\_\_\_ Wall Thickness \_\_\_\_"
- 4 Poured Walls - Vertical Steel \_\_\_\_"O.C. Horizontal Steel Spacing \_\_\_\_"O.C.
- 5 Girder Material and Size \_\_\_\_\_ Pier/Post Spacing \_\_\_\_\_'
- 6 Sill Plate Fastener Type: Bolts \_\_\_\_\_ Straps \_\_\_\_\_
- 7 Termite protection by what method? \_\_\_\_\_

### Floor System

- 8 Are you using Wood I-joists Yes \_\_\_\_ No \_\_\_\_ If yes, proceed to #11
- 9 Joists Joists Spacing \_\_\_\_\_" O.C. All levels same Y \_\_\_\_ N \_\_\_\_  
1st Floor Lumber Dim \_\_\_\_X\_\_\_\_ Species & Grade \_\_\_\_\_# Max Span \_\_\_\_\_'  
2nd Floor Lumber Dim \_\_\_\_X\_\_\_\_ Species & Grade \_\_\_\_\_# Max Span \_\_\_\_\_'  
3rd Floor Lumber Dim \_\_\_\_X\_\_\_\_ Species & Grade \_\_\_\_\_# Max Span \_\_\_\_\_'
- 10 Floor Sheathing Type and Thickness \_\_\_\_\_
- 11 Is a Deck attached to the House \_\_\_\_Yes \_\_\_\_No

### Wall System

- 12 Stud Size \_\_\_\_x\_\_\_\_ Location \_\_\_\_\_ Spacing \_\_\_\_\_" O.C.  
Stud Size \_\_\_\_x\_\_\_\_ Location \_\_\_\_\_ Spacing \_\_\_\_\_" O.C.

## Construction Project Information

### Wall System (cont.)

#### 13 Box Beam Headers

Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_ For \_\_\_\_\_  
Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_ For \_\_\_\_\_  
Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_ For \_\_\_\_\_  
Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_ For \_\_\_\_\_  
Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_ For \_\_\_\_\_

#### 14 Is garage door header wood \_\_\_ Steel \_\_\_ Other \_\_\_\_\_

(wood) Door Header Span \_\_\_\_ " 2x \_\_\_\_ " Species & Grade \_\_\_\_\_, # \_\_\_\_

#### 15 What is the exterior wall covering? \_\_\_\_\_

### Ceiling System

16 I-Joists Yes \_\_\_ No \_\_\_ If yes, skip to 18

17 Joist Size \_\_\_\_ " x \_\_\_\_ " Spacing \_\_\_\_ " O.C., Maximum Span \_\_\_\_\_

18 Will there be attic Storage Yes \_\_\_ No \_\_\_

### 19 Roof System

Trusses Y \_\_\_ N \_\_\_ If Yes, skip to #15

20 Rafter Size \_\_\_\_ " x \_\_\_\_ " Spacing \_\_\_\_ " O.C. Span \_\_\_\_\_

21 Rafter Size \_\_\_\_ " x \_\_\_\_ " Spacing \_\_\_\_ " O.C. Span \_\_\_\_\_

22 Rafter Size \_\_\_\_ " x \_\_\_\_ " Spacing \_\_\_\_ " O.C. Span \_\_\_\_\_

23 Rafter Size \_\_\_\_ " x \_\_\_\_ " Spacing \_\_\_\_ " O.C. Span \_\_\_\_\_

24 Are trusses manufacturer specifications submitted with plans? Y \_\_\_ N \_\_\_

If no, specs shall be provided before framing inspection.

25 Roof Sheathing Type and Thickness \_\_\_\_\_

### Energy Efficiency

#### 26 Insulation

Exterior Walls Type \_\_\_\_\_ R - \_\_\_\_\_

Ceilings \_\_\_\_\_ R - \_\_\_\_\_

Floors \_\_\_\_\_ R - \_\_\_\_\_

Other \_\_\_\_\_

27 Windows U factor Rating \_\_\_\_\_

28 Skylights U factor Rating \_\_\_\_\_

## Construction Project Information

### Safety

29 Smoke detector locations

_____	_____
_____	_____
_____	_____

30 List Carbon Monoxide Detector Location(s)

\_\_\_\_\_

\_\_\_\_\_

31 Bedroom Window Sash Clear Opening Dimensions \_\_\_\_ "tall x \_\_\_\_ "wide

32 Attached Garage Yes \_\_\_\_ No \_\_\_\_

33 Do all bathrooms have mechanical ventilation? Yes \_\_\_\_ No \_\_\_\_

34 Is address of property posted at public road? Yes \_\_\_\_ No \_\_\_\_

### Ventilation

35 Attic Venting Check all that apply

Soffit	_____	Box	_____
Ridge	_____	Gable End	_____

36 If having a crawl space, are vents noted on plans? Yes \_\_\_\_ No \_\_\_\_

37 Is kitchen hood, \_\_\_\_ vented or \_\_\_\_ non-vented.