



PLAN APPLICATION FORM
PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5405



BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397

NOTE: Complete all applicable spaces

Today's Date: _____

REV.2/2012

NAME OF PERSON SUBMITTING PLANS	Phone () - Ext	IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS: _____		
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE

FAX:	EMAIL:	SEND APPROVAL LETTER VIA: FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> POSTAL <input type="checkbox"/>
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BUSINESS & PROJECT NAME: _____
 (Or tenant name if multi-tenant building) *PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW*

PROJECT LOCATION: _____ **KY** _____
 NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) CITY STATE ZIP CODE

IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:

PROJECT LOCATED WITHIN CITY LIMITS? Yes No COUNTY _____

OWNER (INDIVIDUAL & COMPANY) _____ PHONE () - Ext _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

ARCHITECT (NAME & FIRM) _____ PHONE () - Ext _____

AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION Yes No

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only.

ENGINEER (NAME & FIRM) _____ PHONE () - Ext _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

PROJECT CONTRACTOR _____ PHONE () - Ext _____

MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

FAX: _____ **EMAIL:** _____

BUILDING INFORMATION							
NUMBER OF BUILDINGS IN THIS SUBMITTAL:		USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other (please specify)					
BUILDING(S) IN THIS PROJECT IS / ARE:		<input type="checkbox"/> NEW FREESTANDING BUILDING	<input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE	<input type="checkbox"/> RENOVATION ONLY	<input type="checkbox"/> RENOVATION & ADDITION		
TOTAL AREA IN NEW BLDG. OR ADDITION:	FT ²	NUMBER OF LEVELS (INCLUDING BASEMENT):		BASEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL AREA IN EXISTING BLDG.:	FT ²	DATE CONSTRUCTION TO BEGIN:		ESTIMATED COMPLETION DATE:			

TYPE OF PLAN SUBMITTALS			
BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)	
BUILDING PLAN REVIEW (BCE)	PLUMBING PLAN REVIEW	Suppression System (Sprinkler, CO ² , Etc.) <input type="checkbox"/>	Range Hood System <input type="checkbox"/>
Full Building Review <input type="checkbox"/>	Plumbing Review ONLY <input type="checkbox"/>	Alarm Systems <input type="checkbox"/>	Fuel Tank <input type="checkbox"/>
Expedited Site & Foundation Review <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>	Boiler System <input type="checkbox"/>	Elevator <input type="checkbox"/>
	Waste Water Review <input type="checkbox"/>	Bleacher Seating <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>		Prefabricated Truss <input type="checkbox"/>
SUBMIT ONLY ONE SET FOR BCE		SUBMIT 3 SETS OF PLANS FOR PLB	
SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE			

THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)

DESIGN CAPACITY OF BUILDING:	NO. OF MALES	NO. OF FEMALES	ARE RESTROOMS ACCESSIBLE TO PUBLIC? <input type="checkbox"/> Yes <input type="checkbox"/> No
SEWAGE DISPOSAL:	TYPE: <input type="checkbox"/> Municipal <input type="checkbox"/> Private		ARE RESTROOMS ACCESSIBLE TO DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
WATER SUPPLY:	<input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM		
IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____			
BY WHOM: _____			
NAME		TITLE	
		REGISTRATION NUMBER	

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)

REVIEWED BY: _____

NAME _____

TITLE _____ DATE _____

APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT) _____

THIS AREA FOR OFFICE USE ONLY