



PLAN APPLICATION FORM

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
 DEPARTMENT OF PUBLIC PROTECTION
 OFFICE 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: 1/4/2012

REV.12/2007

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
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: _____				
NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes)		CITY	STATE	ZIP CODE
PROJECT LOCATED WITHIN CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
COUNTY _____				
OWNER (INDIVIDUAL & COMPANY) _____				
		PHONE () - Ext		
MAILING ADDRESS: _____				
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE	ZIP CODE
ARCHITECT (NAME & FIRM) _____				
PHONE () - Ext				
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION <input type="checkbox"/> Yes <input type="checkbox"/> No				
MAILING ADDRESS: _____				
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE	ZIP CODE
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.				
ENGINEER (NAME & FIRM) _____				
		PHONE () - Ext		
MAILING ADDRESS: _____				
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE	ZIP CODE
PROJECT CONTRACTOR _____				
		PHONE () - Ext		
MAILING ADDRESS: _____				
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE	ZIP CODE
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
TOTAL AREA IN NEW BLDG. OR ADDITION:		NUMBER OF LEVELS (INCLUDING BASEMENT):		BASEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No
FT ²				
TOTAL AREA IN EXISTING BLDG.:		DATE CONSTRUCTION TO BEGIN:		ESTIMATED COMPLETION DATE:
FT ²				
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		
Full Building Review <input type="checkbox"/>	Plumbing Review ONLY <input type="checkbox"/>	Suppression System (Sprinkler, CO ² , Etc.) <input type="checkbox"/>	Range Hood System <input type="checkbox"/>	
Expedited Site & Foundation Review <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>	Alarm Systems <input type="checkbox"/>	Fuel Tank <input type="checkbox"/>	
	Waste Water Review <input type="checkbox"/>	Boiler System <input type="checkbox"/>	Elevator <input type="checkbox"/>	
	Other (please specify) <input type="checkbox"/>	Bleacher Seating <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>	
			Prefabricated Truss <input type="checkbox"/>	
SUBMIT ONLY ONE SET FOR BCE			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

