



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
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MAILING ADDRESS: _____

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: _____

IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME: _____

PROJECT LOCATED WITHIN CITY LIMITS? Yes No COUNTY _____

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

MAILING ADDRESS: _____

FAX: _____	EMAIL: _____	CITY _____ STATE _____ ZIP CODE _____
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ARCHITECT (NAME & FIRM): _____ PHONE () - Ext _____

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

MAILING ADDRESS: _____

FAX: _____	EMAIL: _____	CITY _____ STATE _____ ZIP CODE _____
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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: _____

FAX: _____	EMAIL: _____	CITY _____ STATE _____ ZIP CODE _____
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PROJECT CONTRACTOR: _____ PHONE () - Ext _____

MAILING ADDRESS: _____

FAX: _____	EMAIL: _____	CITY _____ STATE _____ ZIP CODE _____
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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: NEW FREESTANDING BUILDING NEW ADDITION TO EXISTING STRUCTURE RENOVATION ONLY RENOVATION & ADDITION

TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT² **NUMBER OF LEVELS (INCLUDING BASEMENT):** _____ **BASEMENT** Yes No

TOTAL AREA IN EXISTING BLDG.: _____ FT² **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"/>

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?** Yes No

SEWAGE DISPOSAL: TYPE: Municipal Private **ARE RESTROOMS ACCESSIBLE TO DISABLED?** Yes No

WATER SUPPLY: PUBLIC DRILLED WELL CISTERN HAULED WATER ROOF WATER SPRING STREAM

IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____

BY WHOM: _____

NAME _____	TITLE _____	REGISTRATION NUMBER _____
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<p>THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)</p> <p>REVIEWED BY: _____</p> <p>NAME _____</p> <p>TITLE _____ DATE _____</p> <p>APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT) _____</p>	<p>THIS AREA FOR OFFICE USE ONLY</p>
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