Demolition Permit Application



Campbell County Planning, Zoning and Building Inspection 1098 Monmouth Street, Suite 343 Newport, Kentucky 41071

> Phone: (859) 292-3880 Fax: (859) 547-1868 Email: pzadmin@campbellcountyky.gov

> > www.campbellcountyky.gov

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1.	Project Located In: Unincorporated Campbell Composition Alexandria Crestviev Bellevue Dayton California Ft. Thom Cold Spring Highland	v as	☐Melbourne ☐Mentor ☐Silver Grove ☐Southgate	□Wilder □Woodlawn	
2.	Project Address:				
	City:	_State:	Zip:		
3.	PIDN: 999-99	·			
4.	Applicant: Contractor Property Owner				
	Contractor:		Contact	· ·	
	Address:				
	City: Sta	ate:	Zip:	·	
	Phone: En	nail:			
	Occupational Tax License: County issued number City issued number				
	Property Owner:				
	Address:				
	City: S				
	Phone: E	mail:			
5.	Type of Structure to be Removed: ☐One or Two Family Dwelling ☐Multi-Family Dwelling ☐Mobile Home ☐Detached Garage		☐Pole Barn ☐Shed ☐Commercial Building ☐Other:		
6.	Utilities (Applicable Agency Contact Required) Sanitary Sewer: Sanitation District #1 Water: Northern Kentucky Water District or Pendleton County Water District Well or Septic System: Northern Kentucky Health Department Electric/Gas: Duke Energy or Owen County Electric				

7.	EPA Clearance Documentation for <i>Multiple Units, or Commercial structures</i> contact: KY Div. for Air Quality Florence Regional Office 8020 Veterans Memorial Dr. Suite 110 Florence, KY 41042 Phone: (859)525-4923			
8.	Is this project located in the Floodplain? ☐ YES ☐ NO Is this project located on a Hillside Slope of 20% or greater? ☐ YES ☐ NO Is this project located in a Historic District? ☐ YES ☐ NO			
9.	Estimated cost of demolition: \$			
10.	ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES (Notary Required):			
	I hereby certify that I am requesting this review on behalf of <u>all</u> owners of this property. All fees are due at the time of application and are not refundable, regardless of the decision of the Building Inspections, Planning Commission, Board of Adjustment and/or their authorized agent.	The foregoing Affidavit of Assurance was acknowledged and sworn to before me by, Applicant, on this the day of, 20		
	As applicant, I assure by this affidavit, that all contractors and subcontractors employed or that will be employed, on activity covered by the permit shall be in compliance with Kentucky requirements for workers' compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341.	Notary Public State: Notary ID: My Commission Expires: , 20		
	Applicant's Affidavit Signature Date	(a notary is available at the PZ office)		
	Note: This Affidavit of Assurances shall be submitted for any project req the Workers' Compensation Laws should file a Waiver with the Kentucky Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-	y Department of Workers' Claims, Division of Security		
	INFORMATION BELOW TO BE COMPLETED	BY STAFF		
BP	Fees Recd. \$Demo Permit \$Other \$Total	Date Recdt Credit Card Cash Check (#)		