

7. Estimated cost of project: \$ _____

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. ACKNOWLEDGEMENT and AFFIDAVIT OF ASSURANCES (Notary Required):

I hereby certify that I am requesting this review on behalf of all 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.

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.

Applicant's Affidavit Signature Date

----- NOTARY -----
The foregoing Affidavit of Assurance was acknowledged and sworn to before me by _____, Applicant, on this the ____ day of _____, 20____
Notary Public State: _____
Notary ID: _____
My Commission Expires: _____, 20____
<small>(a notary is available at the PZ office)</small>

Note: This Affidavit of Assurances shall be submitted for any project requiring a building permit. Persons claiming exemption to the Workers' Compensation Laws should file a Waiver with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave, Frankfort Kentucky 40601 (800) 554-8601.

ATTACHMENTS (HVAC and Electrical to be submitted separately):

Digital submissions accepted at pzadmin@campbellcountyky.gov

- Two* sets of site plan and building plans (Three for Alexandria or Bellevue)
- List of subcontractors (names and addresses)
- Certificate of Appropriateness (Historic District Only)
- Septic Construction Permit (if applicable)
- Encroachment Permit (if applicable)
- Permit Fees

** only one needed if digital submittal*

-----INFORMATION BELOW TO BE COMPLETED BY STAFF-----

BP	-	Fees Recd.	Date _____
		\$_____ Bldg. Permit	<input type="checkbox"/> Credit Card
		\$_____ Zoning Permit	<input type="checkbox"/> Cash
		\$_____ Electric Permit	<input type="checkbox"/> Check (#) _____
		\$_____ Encrmt. Permit	
		\$_____ Other	
		\$_____ Total	