

Code Enforcement Division  
200 North Lake Drive  
Prestonsburg, KY 41653  
Phone (606) 886-2335  
Fax (606) 886-1044

# City of Prestonsburg PERMIT APPLICATION

## Demolition, Accessory Structure < 400 sq. ft.

Residential  Commercial

### For Office Use

Permit Number \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit Type \_\_\_\_\_  
Jurisdiction: State \_\_\_\_\_ Local \_\_\_\_\_  
Zone \_\_\_\_\_ Use \_\_\_\_\_

**APPLICANT – Please complete entire application**

**APPLICATION DATE:** \_\_\_\_\_

### I. Building Location

Address \_\_\_\_\_  
Section \_\_\_\_\_

Subdivision Name \_\_\_\_\_  
Lot Number \_\_\_\_\_

#### **PERMIT REQUIREMENTS (May not be required for demolition)**

\_\_\_\_ Copy of recorded plat as recorded at the Floyd County Clerk's office or, if no plat is available, copy of recorded deed.

\_\_\_\_ Site plan drawn to scale showing property lines, easements, right-of-ways, the dimensions of existing and proposed structures, with dimensions to property lines.

### II. Contact Information

#### Building Occupant:

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

#### Building Owner:

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

#### General Contractor:

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Prestonsburg Occupational License Number \_\_\_\_\_ Workman's Compensation \_\_\_\_\_ Affidavit \_\_\_\_\_

### III. Permit Information

Scope of Work:  Demolition  Accessory Structure

Brief Description of Project \_\_\_\_\_

Est. Cost of Project \$ \_\_\_\_\_

### IV. Building Characteristics

Construction Type: 5B (combustible) \_\_\_\_\_  
2C (noncombustible) \_\_\_\_\_

Dimensions: Length \_\_\_\_\_  
Width \_\_\_\_\_  
Height \_\_\_\_\_  
Total Sq. Footage \_\_\_\_\_

### VI. Affirmation Statement

The owner of this building and undersigned do hereby covenant and agree to comply with all the applicable regulations pertaining to building, zoning and to construct the proposed building or structure to make the proposed change or alteration in accordance with the plans and specifications submitted herewith and certify that the information and statements given on this application, drawings and specifications are, to the best of my knowledge, true and correct, and that the proposed change or alteration will not alter the existing drainage patterns.

Application by \_\_\_\_\_  
Owner or Agent's Signature

Date \_\_\_\_\_