

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

## City of Prestonsburg PERMIT APPLICATION

### Remodel

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

- \_\_\_\_ Drawing to scale of relevant wall sections & floor plans fully annotated as to scope of work including existing and proposed walls.
- \_\_\_\_ Window schedule for all replacement windows and existing window sizes.
- \_\_\_\_ List of all contractors/subcontractors including City of Prestonsburg occupational license, workman's compensation, and unemployment information.

#### 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

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

Est. Cost of Construction \$ \_\_\_\_\_

Estimated Electric Contract \$ \_\_\_\_\_  
(Commercial / Industrial Only)

#### IV. Building Characteristics

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

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

**PROJECT ADDRESS:**

**V. Subcontractors**

**Excavation** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Concrete** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Masonry** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Framing** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Drywalling** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Flooring** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Insulation** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Other** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Roofing** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Plumbing** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Electrical** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Heating & A/C** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Painting** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Landscaping** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Siding** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

**Other** \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone #'s \_\_\_\_\_  
Workman's Comp. \_\_\_\_\_ Affidavit \_\_\_\_\_

Attach a listing of all subcontractors who perform work at the site but do not appear on this form. The Code Enforcement Division **will not** issue a Certificate of Occupancy for new construction until this form has been submitted.

**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.

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

Date \_\_\_\_\_