

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 _____