



BUILDING PERMIT PLAN SUBMISSION APPLICATION GUIDE

FOR BUILDING CONSTRUCTION

Madison County Planning and Development
321 North Madison Avenue
Richmond, Kentucky 40475
859-624-4780
www.madisoncountyky.us

REV 10-1-15

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MADISON COUNTY PLANNING & DEVELOPMENT

NOTICE TO ALL BUILDING PERMIT APPLICANTS
CALL BEFORE YOU DIG—811
BUILDING PERMITS WILL BE ISSUED ONLY IF THE
FOLLOWING INFORMATION IS PROVIDED:

REQUIRED PERMIT INFORMATION—CHECKLIST	
<input type="checkbox"/>	Blue prints of the project, Drawn to a min. scale 1/4 inch = 1 ft.
<input type="checkbox"/>	Site plan drawn indicating the proposed building setback dimensions
<input type="checkbox"/>	Verification of Worker's Compensation Insurance, Signed Affidavit
<input type="checkbox"/>	Address or lot number posted to readily locate the property
<input type="checkbox"/>	Check for payment of the building permit
<input type="checkbox"/>	Completed application Building Permit
<input type="checkbox"/>	Is the project designed using "PERFORMANCE METHOD" for compliance with the 2009 Energy Conservation Code? If this box is checked, you must submit a copy of the signed "Cost Compliance Sheet" completed by a Certified HERS Rater.
<input type="checkbox"/>	Is this project designed using the "PRESCRIPTIVE METHOD" for compliance with the 2009 Energy Conservation Code?
<input type="checkbox"/>	Provide with the plans a detailed "Door and Window Schedule" that depicts the U-Values of all doors and windows to be installed in the building.
<input type="checkbox"/>	Provide with the plans submittal the proposed R-Value of all the elements of the Building Thermal Envelope.
<input type="checkbox"/>	Provide a list of ALL Contractors and Subcontractors to be working on this project. All contractors and subs shall have a Madison County Business License.

RESIDENTIAL DEVELOPMENT CHECKLIST

Completed Building Permit Application for all new homes (conventional or manufactured).

Is this project for a Manufactured Home? YES No

If yes, a Site Compatibility Inspection is required to be performed prior to the issuance of any permits. Complete the application with the required site plan to initiate the site inspection.

Does the property lie in a floodplain or potential flood prone area? YES No

If Yes, you must provide an "Elevation Certificate and obtain a Flood- plain Permit

from this

office and the Kentucky Division of Water.

Does this property border or adjoin a blue line stream? YES No

If Yes, you must make application with the Kentucky Division of Water and this office for a Floodplain Permit

Where applicable, provide a copy of the Elevation Certificate and Floodplain Permit.

**IF A FLOODPLAIN PERMIT OR ELEVATION CERTIFICATE IS
REQUIRED YOU MUST STOP AT THIS POINT UNTIL THAT
INFORMATION IS PROVIDED TO THIS OFFICE.**

Site Plan indicating the building setbacks from the property lines and any areas on site that are located in a floodplain or is located within 10 feet of the top or toe of the slope of a hill.

Complete set of building plans drawn to scale with details and clarity sufficient to review

Complete the Affidavit for Worker's Compensation and Unemployment.

Provide a complete list of all contractors and sub-contractors you plan to work on the project.

Where municipal sewer is available you must submit a copy of the receipt for payment of the required sewer tap fees.

All permit fees must be paid in full with either cash or check. **If Payment is to be made with check you must provide two phone numbers and a driver's license number on the check.**

MANUFACTURED HOMES

If this permit is for a manufactured home building plans are not required, however a State issued "B-2" certificate is required to be placed on the home to verify it has been inspected by the State.

For Manufactured Home permits you must submit a copy of the final septic approval before a permit can be issued.

**AFFIDAVIT OF EXEMPTION FROM THE
KENTUCKY WORKERS' COMPENSATION ACT**

Applicant pursuant to KRS 342.610(5) hereby declares exemption from the requirement to obtain workers' compensation insurance coverage as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

Full name of Applicant: _____

Home Address: _____

Phone Number: _____

FEIN or SSN: _____ Average number of employees: _____

The following is true and correct as I verily believe and swear.

Applicant/or authorized agent
State of Kentucky
County of Madison

The foregoing affidavit of exemption was acknowledged and sworn to before me by

_____, this the _____ day of _____, 20_____.

Notary Public
Kentucky State at Large

My Commission Expires _____, 20_____.

INSTRUCTIONS

The original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 1270 Louisville Road, Frankfort, Kentucky 40601 - (1-800-554-8601)

A copy of this affidavit is to be kept on file with the local office which issues the building permit. Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523-030).



**BUILDING PERMIT APPLICATION
MADISON COUNTY GOVERNMENT
DEPARTMENT OF BUILDING INSPECTIONS**

321 N. Madison Avenue, Richmond, KY 40475
Phone: (859) 624-4780 Fax: (859) 624-4736

Building Permit for Type of Improvement:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair, Replacement | <input type="checkbox"/> Foundation only |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Demolition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Moving / Mobile Home | <input type="checkbox"/> Re-Roofing |

Contractor:

Phone No.

Email:

Contractor's Address:

Property Lot #

Subdivision Name:

Property Address:

Property Owner:

Private

Public

Street Number & Name:

Phone No.

Email:

RESIDENTIAL:

- One Family
- Multiple Family
Enter number of units _____
- Detached Residential Garage
- Barn
- Accessory Structure
- Swimming Pool
- Deck
- Fence
- Retaining Wall
- Other (specify): _____
-

Amusement, Recreational

- Church, other Religious Facilities
- Carport /Accessory Bldg
- Office, Bank, Professional Business
- Industrial
- Public Utility
- Hotel, Motel, Boarding, Etc.
- Parking Garage
- Repair Garage
- Merchantile
- Educational
- Other (specify): _____
-
-

NON-RESIDENTIAL:

"INTERNATIONAL ENERGY CONSERVATION CODE" IS THIS BUILDING DESIGNED USING

"ENERGY PERFORMANCE METHOD" **"ENERGY PRESCRIPTIVE METHOD"**

**MADISON COUNTY GOVERNMENT
BUILDING INSPECTION OFFICE**

NAME OF GENERAL CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF FOOTER CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF FOUNDATION CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF FRAMING CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF PLUMBING CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF ELECTRICAL CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

**MADISON COUNTY GOVERNMENT
BUILDING INSPECTION OFFICE**

NAME OF HVAC CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF DRYWALL CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

NAME OF SEPTIC CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

EXCAVATION CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

SUB CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

SUB CONTRACTOR:

Address:	
City, State, Zip:	
Telephone Number:	Certificate of Insurance & Affidavit:
License Number, (if applicable):	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> NO

