



# PLAN APPLICATION FORM

**PUBLIC PROTECTION CABINET**  
**DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION**  
**DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING**  
 101 SEA HERO ROAD, SUITE 100  
 FRANKFORT, KENTUCKY 40601-5405



**BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397**

**NOTE: Complete all applicable spaces**

**Today's Date:** \_\_\_\_\_

REV.2/2012

<b>NAME OF PERSON SUBMITTING PLANS</b>	Phone ( ) - Ext	<b>IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
MAILING ADDRESS: _____		
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY STATE ZIP CODE

<b>FAX:</b>	<b>EMAIL:</b>	<b>SEND APPROVAL LETTER VIA: FAX</b> <input type="checkbox"/> <b>EMAIL</b> <input type="checkbox"/> <b>POSTAL</b> <input type="checkbox"/>
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**BUSINESS & PROJECT NAME:** \_\_\_\_\_  
 (Or tenant name if multi-tenant building) **PLEASE NOTE IF PROJECT IS INSIDE OR OUTSIDE LIMITS OF CITY NOTED BELOW**

**PROJECT LOCATION:** \_\_\_\_\_ **KY** \_\_\_\_\_  
 NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) CITY STATE ZIP CODE

**IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:**

**PROJECT LOCATED WITHIN CITY LIMITS?**  Yes  No COUNTY \_\_\_\_\_

**OWNER (INDIVIDUAL & COMPANY)** \_\_\_\_\_ PHONE ( ) - Ext \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

**ARCHITECT (NAME & FIRM)** \_\_\_\_\_ PHONE ( ) - Ext \_\_\_\_\_

AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION  Yes  No

MAILING ADDRESS: \_\_\_\_\_  
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

**FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NOTE: DESIGN CERTIFICATION REQUIRED.** All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2007 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only.

**ENGINEER (NAME & FIRM)** \_\_\_\_\_ PHONE ( ) - Ext \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

**PROJECT CONTRACTOR** \_\_\_\_\_ PHONE ( ) - Ext \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

BUILDING INFORMATION							
<b>NUMBER OF BUILDINGS IN THIS SUBMITTAL:</b>	<b>USE OF BUILDING(S)</b> ie...restaurant, office, classroom, storage or other ( please specify )						
<b>BUILDING(S) IN THIS PROJECT IS / ARE:</b>	<input type="checkbox"/> NEW FREESTANDING BUILDING	<input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE	<input type="checkbox"/> RENOVATION ONLY	<input type="checkbox"/> RENOVATION & ADDITION			
<b>TOTAL AREA IN NEW BLDG. OR ADDITION:</b>	FT <sup>2</sup>	<b>NUMBER OF LEVELS (INCLUDING BASEMENT):</b>		<b>BASEMENT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TOTAL AREA IN EXISTING BLDG.:</b>	FT <sup>2</sup>	<b>DATE CONSTRUCTION TO BEGIN:</b>		<b>ESTIMATED COMPLETION DATE:</b>			

TYPE OF PLAN SUBMITTALS			
BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)	
<b>BUILDING PLAN REVIEW (BCE)</b>	<b>PLUMBING PLAN REVIEW</b>	Suppression System (Sprinkler, CO <sup>2</sup> , Etc.) <input type="checkbox"/>	Range Hood System <input type="checkbox"/>
Full Building Review <input type="checkbox"/>	Plumbing Review <b>ONLY</b> <input type="checkbox"/>	Alarm Systems <input type="checkbox"/>	Fuel Tank <input type="checkbox"/>
Expedited Site & Foundation Review <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>	Boiler System <input type="checkbox"/>	Elevator <input type="checkbox"/>
	Waste Water Review <input type="checkbox"/>	Bleacher Seating <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>		Prefabricated Truss <input type="checkbox"/>
<b>SUBMIT ONLY ONE SET FOR BCE</b>		<b>SUBMIT 3 SETS OF PLANS FOR PLB</b>	
<b>SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE</b>			

**THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)**

**DESIGN CAPACITY OF BUILDING:** NO. OF MALES \_\_\_\_\_ NO. OF FEMALES \_\_\_\_\_

**SEWAGE DISPOSAL:** TYPE:  Municipal  Private

**WATER SUPPLY:**  PUBLIC  DRILLED WELL  CISTERN  HAULED WATER  ROOF WATER  SPRING  STREAM

**IF PRIVATE, INDICATE THE TYPE AND THE DESIGN:** \_\_\_\_\_

**BY WHOM:** \_\_\_\_\_

<b>THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL ( Must be completed prior to sending Plumbing Plans to Frankfort )</b>	<b>THIS AREA FOR OFFICE USE ONLY</b>
REVIEWED BY: _____	
NAME _____	
TITLE _____ DATE _____	
APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)	

