

COMMUNITY AND DEVELOPMENT SERVICES
APPLICATION FOR
COMMERCIAL BUILDING PERMIT GUTHRIE KY

Instruction to applicants: Please complete the following items (as applicable) in ink or type. If you are unsure on a specific item or should you have any questions, please contact a member of our Staff at (270) 887-4285.

APPLICANT INFORMATION

- A. Applicant(Name of Business): _____
- B. Property Owner: _____
- C. Owner's Mailing Address: _____
- D. Contact Person: _____
- E. Telephone Number(s): _____ F. Fax Number: _____

PROPERTY INFORMATION

- A. Address of Construction: _____
- B. Subdivision Name (if previously platted): _____
- C. Lot Number (if applicable): _____
- D. Zoning: _____ E. Date Construction to begin: _____
- F. Estimated Completion: _____ G. Estimated Cost: _____
(Material & Labor)

Street Frontage (feet) _____
Rear Setback (feet) _____
Right Setback (feet) _____
Stories (number) _____
Building Area (per floor) _____
Parking Area (sq. feet) _____

Front Setback (feet) _____
Left Setback (feet) _____
Height Above Grade (feet) _____
Lot Area (sq. feet) _____
Parking Spaces _____
Basement Area (sq. feet) _____

Is any part of the property located in the Flood Plain? ___ Yes ___ No

If yes, what zone? _____ Will the structure obstruct natural drainage: ___ Yes ___ No

Are there any sinkholes or other obstructions on site? ___ Yes ___ No

Are all utility and drainage easements onsite been designated on the Site Plan? ___ Yes ___ No

Has a proper sized entrance tile (minimum 15") been installed at the entrances to the property?
___ Yes ___ No

CONSTRUCTION PLAN ___ Local ___ State

TYPE OF CONSTRUCTION

___ New Construction ___ Remodel ___ Addition ___ Accessory

_____ Size of Structure (square feet)

PROPOSED USE:

ASSEMBLY: ___ Theater ___ Night Club ___ Restaurant ___ Church ___ Other Assembly

BUSINESS: _____ Type

EDUCATIONAL: ___ Day Care Facility

FACTORY: ___ Moderate Hazard ___ Low Hazard ___ High Hazard

INSTITUTIONAL: _____ Group Home _____ Hospital _____ Jail

MERCANTILE: _____

RESIDENTIAL: _____ Hotel, Motel _____ Multi Family

STORAGE: ___ Moderate Hazard ___ Low Hazard _____ Specify material to be stored

OTHER: ___ Parking Garage ___ Motor Fuel Service
___ Repair Garage ___ HPM

ELECTRICAL DETAIL

Any extensions or modifications to wiring system? ___ Yes ___ No
 (New service or any extensions or modifications require an electric permit and inspection by a State Electrical Inspector)

New Service ___ Service Change ___ Size Amp ___ Extension of Service ___

CONTRACTORS INFORMATION

	NAME OF CONTRACTOR	ADDRESS	CITY	LICENSE NO.
Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

I hereby certify that I understand that all contractors and subcontractors to be employed on this project must have a current business license issued by the City of Guthrie and are in compliance with Kentucky Law regarding to Workers Compensation and Unemployment Insurance.

Applicant's Signature _____

Date _____

