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

Α.	Applicant(Name of Rusiness):			
В.	Property Owner:			
C.	Owner's Mailing Address:			
D.	Contact Person:			
E.		F. Fax Number:		
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<u>PRO</u>	PERTY INFORMATION			
A.	Address of Construction:			
В.	Subdivision Name (if previously platted):			
C.	Lot Number (if applicable):			
D.	Zoning:	E. Date Construction to begin:		
F.	Estimated Completion:	G. Estimated Cost:		
	1	(Material & Labor)		
Stree	et Frontage (feet)	Front Setback (feet)		
Rear Setback (feet)		Left Setback (feet)		
Right Setback (feet)		Height Above Grade (feet)		
Stories (number)		Lot Area (sq. feet)		
Building Area (per floor)		Parking Spaces		
Parking Area (sq. feet)		Basement Area (sq. feet)		

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Is any part of the property located in the Flood Plain? Yes	No	
If yes, what zone? Will the structure obstruct natural drai	nage: Yes	No
Are there any sinkholes or other obstructions on site? Yes Are all utility and drainage easements onsite been designated on the Site	No	
Has a proper sized entrance tile (minimum 15") been installed at the enYesNo	strances to the proper	rty?
CONSTRUCTION PLAN Local State		
**************************************	************	*****
New Construction Remodel Addition Size of Structure (square feet)	n Accessor	У
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PROPOSED USE:		
ASSEMBLY:TheaterNight ClubRestaurantChurch	Other Assembl	У
BUSINESS: Type		
EDUCATIONAL: Day Care Facility		
FACTORY:Moderate HazardLow HazardHigh Ha	ızard	
INSTITUTIONAL: Group Home Hospital	Jail	
MERCANTILE:		
RESIDENTIAL: Hotel, Motel Multi Family		
STORAGE: Moderate Hazard Low Hazard	Specify material to b	e stored
OTHER: Parking Garage Motor Fuel Service Repair Garage HPM		

ELECTRICAL DE	ETAIL					
Any extensions or (New service or a Electrical Inspecto	modifications to wiring sys ny extensions or modificatio or)	tem?Yes ns require an electri	No c permit and inspection	on by a State		
New Service Service Change Size Amp Extension of Service						
**************************************	**************************************	**********	**********	*********		
	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						

Fire Alarm				
have a current busines	understand that all contractors is license issued by the City of Compensation and Unemployn	Guthrie and are in complia	1 2	
Applicant's Signature		Date		

CERTIFICATION

In consideration of the issuance of the requested permit, I hereby agree and covenant, with the City of Guthrie, the Hopkinsville–Christian County Planning Commission, that I will observe and conform with all applicable codes, zoning ordinances, and all other applicable codes, laws, restrictions and ordinances, and I hereby assume all risk incidental to any error or any violations or interpretations thereof.

The Property Owner and Contractor hereby release the City of Guthrie, the Hopkinsville-Christian County Planning Commission and their employees from all liability of every kind and nature for damages which may occur from defective wiring or construction of or on said premises and hereby agrees to hold harmless the City of Guthrie, the Hopkinsville-Christian County Planning Commission and their employees from any kind and all such liabilities.

I hereby certify that I understand the contents of the above paragraphs and that information used to complete this application is true and correct to my best knowledge and belief. I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by said owner to make this application as his authorized agent.

Signature of Applicant	Date
· ************************************	**************************************
FOR OFFICE USE ONLY	
Proposed use in conformance with Zoning	g Ordinance?Yes No
Building Permit Number	Permit Fee
Electrical Permit Number	Permit Fee
Building Inspector	Date