



# 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

NAME OF PERSON SUBMITTING PLANS _____		Phone ( ) - Ext _____		IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAILING ADDRESS: _____					
NUMBER / STREET, HWY, ROAD or P. O. BOX _____		CITY _____		STATE _____ ZIP CODE _____	
FAX: _____		EMAIL: _____		SEND APPROVAL LETTER VIA: FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> POSTAL <input type="checkbox"/>	
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: _____					
NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes) _____		CITY _____		STATE KY ZIP CODE _____	
IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME: _____					
PROJECT LOCATED WITHIN CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No COUNTY _____					
OWNER (INDIVIDUAL & COMPANY) _____					
PHONE ( ) - Ext _____					
MAILING ADDRESS: _____					
NUMBER / STREET, HWY, ROAD or P. O. BOX _____		CITY _____		STATE _____ ZIP CODE _____	
FAX: _____		EMAIL: _____			
ARCHITECT (NAME & FIRM) _____					
PHONE ( ) - Ext _____					
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	
FAX: _____		EMAIL: _____			
PROJECT CONTRACTOR _____					
PHONE ( ) - Ext _____					
MAILING ADDRESS: _____					
NUMBER / STREET, HWY, ROAD or P. O. BOX _____		CITY _____		STATE _____ ZIP CODE _____	
FAX: _____		EMAIL: _____			
<b>BUILDING INFORMATION</b>					
NUMBER OF BUILDINGS IN THIS SUBMITTAL: _____		USE OF BUILDING(S) ie...restaurant, office, classroom, storage or other ( please specify ) _____			
BUILDING(S) IN THIS PROJECT IS / ARE:		<input type="checkbox"/> NEW FREESTANDING BUILDING	<input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE	<input type="checkbox"/> RENOVATION ONLY	<input type="checkbox"/> RENOVATION & ADDITION
TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT <sup>2</sup>		NUMBER OF LEVELS (INCLUDING BASEMENT): _____	BASEMENT <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL AREA IN EXISTING BLDG.: _____ FT <sup>2</sup>		DATE CONSTRUCTION TO BEGIN: _____	ESTIMATED COMPLETION DATE: _____		
<b>TYPE OF PLAN SUBMITTALS</b>					
<b>BUILDING PLAN SUBMITTALS</b> (Check the type of evaluations requested at this time)			<b>SHOP DRAWING PLAN SUBMITTALS</b> (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"/>	
Full Building Review <input type="checkbox"/>	Expedited Site & Foundation Review <input type="checkbox"/>	Plumbing Review ONLY <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>	Waste Water Review <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
				Range Hood System <input type="checkbox"/>	Fuel Tank <input type="checkbox"/>
				Boiler System <input type="checkbox"/>	Elevator <input type="checkbox"/>
				Bleacher Seating <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
				Prefabricated Truss <input type="checkbox"/>	
SUBMIT ONLY ONE SET FOR BCE		SUBMIT 3 SETS OF PLANS FOR PLB		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)</b>					
DESIGN CAPACITY OF BUILDING: NO. OF MALES _____ NO. OF FEMALES _____	ARE RESTROOMS ACCESSIBLE TO PUBLIC? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE RESTROOMS ACCESSIBLE TO DISABLED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SEWAGE DISPOSAL: TYPE: <input type="checkbox"/> Municipal <input type="checkbox"/> Private	WATER SUPPLY: <input type="checkbox"/> PUBLIC <input type="checkbox"/> DRILLED WELL <input type="checkbox"/> CISTERN <input type="checkbox"/> HAULED WATER <input type="checkbox"/> ROOF WATER <input type="checkbox"/> SPRING <input type="checkbox"/> STREAM		IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____		
BY WHOM: _____					
NAME _____		TITLE _____		REGISTRATION NUMBER _____	
THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL ( Must be completed prior to sending Plumbing Plans to Frankfort )			<b>THIS AREA FOR OFFICE USE ONLY</b>		
REVIEWED BY: _____					
NAME _____					
TITLE _____ DATE _____					
APPROVED BY (COUNTY OR DISTRICT HEALTH DEPARTMENT)					