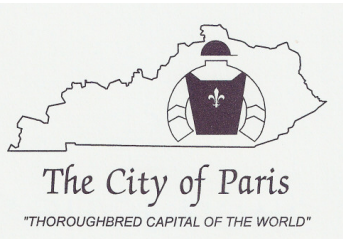


525 High Street  
Paris, Kentucky 40361



PHONE (859) 987-2110  
FAX (859) 987-4640

## APPLICATION FOR BUILDING PERMIT

### FOR OFFICE USE ONLY

Permit Fee \$ \_\_\_\_\_

Date: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Builder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Work:  New Construction  Addition  Demolition  Renovate Existing Bldg.  
 Other(Please explain) \_\_\_\_\_

Type of Structure:  Single Family  Duplex  Townhouse  Deck  Garage  
 Storage Bldg.  Other(Please explain) \_\_\_\_\_

(Attach site plan and/or other required material to this application - Including, but not limited to: Zone, Use Classification, Lot Width, Lot Depth, Lot Area, Number of Stories, Height in Feet, Building Size, Recorded Easements, any documentation concerning State issued permits or BOA Variances.)

Location of Property: \_\_\_\_\_  
(Street & Number, Subdivision & Lot Number)

Estimated Cost of Construction: \_\_\_\_\_ Has the State ever issued a permit for this property?  
 Yes  No  If Yes, Date Issued \_\_\_\_\_

Required Setback for Activity: Front: \_\_\_\_\_ Side: \_\_\_\_\_ Rear: \_\_\_\_\_ Other: \_\_\_\_\_

Has the Board of Adjustments Granted a Variance for this Property?  Yes  No  
 If Yes, Date Issued \_\_\_\_\_ If Yes, explain variance granted \_\_\_\_\_

Permit Cost: Cost/Fee Schedule = \$ \_\_\_\_\_

In making this application for a building permit, applicant states that the information given is, to the best of his/her knowledge, true and accurate. It is understood and agreed by applicant that any error, misstatement or misrepresentation of fact, either with or without intention on his/her part, such as might, if known, cause a refusal of this application or any alteration or change in plans made without the approval of the City of Paris Building Inspector subsequent to the issuance of the building permit, shall constitute ground for the revocation of such permit.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

Date of Plan Review: \_\_\_\_\_ Approved?  Yes  No If No, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

INSPECTION DATES:

BUILDING PERMIT ISSUED

Footings: \_\_\_\_\_

Signed: \_\_\_\_\_

Frame: \_\_\_\_\_

Date: \_\_\_\_\_

Final: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_