



# CITY OF RICHMOND

Department of Codes, Planning, Safety & Risk Management

239 West Main Street, Richmond, KY 40475

Telephone: (859) 625-6404 Fax: (859) 625-6401

www.buildrichmondky.com

Internal Use Only:

Finance Code: Permit

Fee: \_\_\_\_\_

Approval: \_\_\_\_\_

## Commercial Building Permit Application

THIS APPLICATION IS FOR A BUILDING PERMIT ONLY. SEPARATE PERMITS ARE REQUIRED FOR ANY ELECTRICAL, MECHANICAL, FIRE SUPPRESSION/DETECTION, AND PLUMBING WORK BEING DONE

### Site/Building Information

|  |               |   |                |
|--|---------------|---|----------------|
| Address of project:  |               | Lot:  | Zone:          |
| Permit Type (check one): <input type="checkbox"/> New Construction <input type="checkbox"/> Fit-Up <input type="checkbox"/> Shell Only <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____ |               |   |                |
| Detailed Description of Work:<br>_____<br>_____  |               |   |                |
| Project Valuation (required):  |               | Total Project Square Feet:  |                |
| Occupancy Classification:  | Building Use: | Occupant Load:  |                |
| Construction Type:   |               | Sprinkler System:   |                |
| Lot Square Feet:   | No. Stories:  | No. Bedrooms:   | No. Bathrooms: |
| Floodplain: <input type="checkbox"/> Yes (Additional documentation required) <input type="checkbox"/> No   |               | Heating: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Solar <input type="checkbox"/> Other _____ |                |

### Applicant Information

|   |   |
|---|---|
| Name:   |   |
| Address:  |   |
| Phone Number (required):  | Email (required):   |
| Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Architect | Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone |

### Owner Information

|               |  |
|---------------|--|
| Name:         | Check if same as applicant: <input type="checkbox"/> |
| Address:      |  |
| Phone Number: | Email:   |

**CONTINUED ON NEXT PAGE**

**Contractor Information (Required, if a contractor is completing the work)**

|   |               |
|---|---------------|
| <b>Business Name:</b>                                       |               |
| <b>Address:</b>   |               |
| <b>Phone Number:</b>  | <b>Email:</b> |
| <b>City of Richmond Business License Number (required):</b> |               |

\*\* Please complete the Subcontractor list below, if any jobs will be contracted out. All contractors require a City of Richmond Business License. IT IS THE CONTRACTOR'S RESPONSIBILITY TO BE FAMILIAR WITH ANY/ALL REQUIRED INSPECTIONS, INCLUDING SPECIAL INSPECETIONS.

**Subcontractor List**

|                                     | Name: | Phone Number: | City of Richmond Business License No. | State License No. |
|-------------------------------------|-------|---------------|---------------------------------------|-------------------|
| Excavation                          |       |               |                                       |                   |
| Concrete                            |       |               |                                       |                   |
| Carpentry                           |       |               |                                       |                   |
| Electrical (State License Required) |       |               |                                       |                   |
| Plumbing (State License Required)   |       |               |                                       |                   |
| Mechanical (State License Required) |       |               |                                       |                   |
| Roofing                             |       |               |                                       |                   |
| Masonry                             |       |               |                                       |                   |
| Drywall                             |       |               |                                       |                   |
| Sprinkler (Plan Review Required)    |       |               |                                       |                   |
| Fire Alarm (Plan Review Required)   |       |               |                                       |                   |
| Paving                              |       |               |                                       |                   |
| Other: _____                        |       |               |                                       |                   |

**Applicant Signature**

I hereby apply for a Building Permit and acknowledge that the information above is complete and accurate; **I understand that that this is not a permit, and that the submission of this application does not constitute approval of any work.** I further state that all work herein will be done in accordance with the ordinances of the City of Richmond and the Kentucky Building Code. I accept that all inspection reports, notices of violation and enforcement related to site inspections are my responsibility. I understand that false statements, errors, and/or omissions may be sufficient cause for denial or revocation of the permit. Issued permits become void if work does not begin within 180 days or is suspended at any time for over 180 days.  
*Application is not valid unless signed.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Printed Name:** \_\_\_\_\_

\*\*Payment is required at the time of submission; once all required documents are received. Online submission is also possible through our website, [www.buildrichmondky.com](http://www.buildrichmondky.com). **Parking areas and spaces shall comply with the approved Development plan.**