



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: _____
Approved: _____

Residential Building Permit Application

**THIS APPLICATION IS FOR A BUILDING PERMIT ONLY FOR 1 OR 2 FAMILY DWELLINGS AND TOWNHOMES
SEPARATE PERMITS ARE REQUIRED FOR ANY ELECTRICAL, HVAC, AND PLUMBING WORK BEING COMPLETED**

Site/Building Information

Address of project:		Lot:	Zone:
Permit Type (check one): <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Other _____			
Detailed Description of Work: _____ _____			
Project Valuation (required):		Total Project Square Feet:	

Please complete this section if new construction:

2009 IECC Compliance (check one): <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance			
Foundation Type (check one): <input type="checkbox"/> Concrete (slab or block) <input type="checkbox"/> Crawl Space <input type="checkbox"/> Basement (<input type="checkbox"/> Finished. If checked, a basement floor plan is required)			
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		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:

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

Business Name:	
Address:	
Phone Number:	Email:
City of Richmond Business License Number (required):	

****If any jobs will be completed by subcontractors, please complete the list below; proof of Workman’s Compensation Insurance Certificate is required. All contractors require a City of Richmond Business License.**

Subcontractor List

Trade:	Business Name:	Phone Number:	City of Richmond Business License No.	State License No. (where required)
Excavation:				
Concrete:				
Carpentry:				
Electrical (State Lic. Req):				
Plumbing (State Lic. Req):				
Mechanical (State Lic. Req):				
Roofing:				
Masonry:				
Drywall:				
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 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 Residential Code. I certify that I will provide and maintain Worker’s Compensation Insurance. 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, please allow up to five (5) business days for plan review. Online submission is also possible through our website, www.buildrichmondky.com**