## CITY OF MADISONVILLE APPLICATION FOR BUILDING PERMIT

67 North Main Street Madisonville KV 42431 (270) 824-2196

subdivision Name			Lot#
			Flood Plain
		Applicant	Contractor
NAME			
ADDRESS			
CITY			
STATE/ZIP			
PHONE			
EMAIL			
CELL			
Const. Type, Use, Occ		Other Construction	
Proposed Use		Present U	Jse
		ng Area	Nonliving Area
			(garages,unfinished rooms/basements,decks,porches,ete
Estimated Cost of Cons	truction (excluding lot)	# Bedr	rooms # Bathrooms
Zoning Classification _	Date Co	onstruction to Begin	Estimated Completion Date
General Contractor's C	ity of Madisonville Busi	ness License #	
			iration Date)
nisstatement or misrep constitute sufficient gro	resentation of fact, or a unds for the revocation	ny alteration or change in p of the permit.	t. It is understood and agreed that any erroplans after issuance of the Building Permit, sh
	F	OR OFFICIAL USE ONLY	Y
	Date Paid		ate Permit Issued
CO Issued On			oved Final



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## **AFFIDAVIT**

I, by my signature below, do state that either I am the owner of said property in fee, or I am authorized by the owner in fee to make this application for a building permit.

I certify that this construction will not violate any easements, deed restrictions or protective covenants to which this property may be subject. **All contractors and sub-contractors** employed, or that will be employed on activity covered by this permit are and shall be in compliance with Kentucky's requirements for workers compensation insurance according to KRS Chapter 342 and unemployment insurance according to KRS Chapter 341, as well as hold a current business license with the city of Madisonville.

I am and will be responsible for the transportation and/or disposal of debris generated by this construction project.

I hereby grant permission for any City of Madisonville employee, or those contracted by the City, to enter upon said property whereupon a building permit is pending for any inspection(s) deemed necessary in association with said building permit.

Subscribed and sworn before me by	For Official Use Only	pplicant, on this the
	Signature	
	Email	
	Daytime Phone	
	City, State, Zip	
	Address	
	Name (Print)	