Application No				Date
Address of Constru	ection			
				Lot#
PVA Parcel #		Dd Bk-Pg#		Flood Plain
	Owner	Applican	nt	Contractor
NAME				
ADDRESS				
CITY				
STATE/ZIP				
PHONE				
EMAIL				
CELL				
Proposed Use		Pr	esent Use	
Total Sq. Ft.	Li	iving Area		Nonliving Area (garages,unfinished rooms/basements,decks,porches,e
Width	Length	# Stories		Overall Height
				# Bathrooms
				Estimated Completion Date
General Contractor	's Worker's Compensatio	n Insurance (Provider	& Expiration D	Date)
misstatement or mis constitute sufficient	isrepresentation of fact, or t grounds for the revocation	r any alteration or char on of the permit.	nge in plans afte	
Signature of Owner	r/Applicant			
		FOR OFFICIAL U	USE ONLY	
Permit Fee	Date Paid Date Permit Issued			
CO Issued On		Plan	s Approved	
Inspection Dates Fo	ooting	Framing		Final
Permit Conditions				
	1			
	1			

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.

	Name (Print)	
	Address	
	City, State, Zip	
	Daytime Phone	
	Email	
	Signature	
	For Official Use Only	
ubscribed and sworn before me by day of	, 20 .	applicant, on this the
	Notary Public, State-at-Large	
	My Commission Expires	
	Notary ID No	

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