



COMMERCIAL JOINT APPLICATION FOR CERTIFICATE OF APPROPRIATENESS/ DESIGN WAIVER/ ZONING/ BUILDING/ ELECTRICAL PERMITS

City of Covington 638 Madison Avenue Covington, KY 41011
P (859) 292-2323 F (859) 292-2106 www.covingtonky.gov

1. Is this project required to be licensed by the Cabinet for Health and Family Services (CHFS)?

No Yes If yes, specify the license number: _____

Permits	<input type="checkbox"/> Certificate of Appropriateness (HPO)	<input type="checkbox"/> Design Waiver (Infill Residential, MUC-O)	<input type="checkbox"/> Zoning	<input type="checkbox"/> Building	<input type="checkbox"/> Electrical
Business Name			Strip Center or Building Name		
Property Address	Street Address		Covington, KY		Zip Code
Property Identification Number (PIDN)			Zoning Classification		

2. Do you want this permit to include permit/fees for all electrical work? No Yes (complete all Electrical Contractor info)

	Property Owner	_____ Tenant/Business	General Contractor/Builder*	Electrical Contractor
Contact				
Company				
Address				
City				
State				
Zip Code				
Phone #				
Fax #				
Cell #				
Email				
Occupational License #	N/A	N/A		
Fed Tax ID #	N/A	N/A		
	Electrical Contractor #		Master Electrician #	
	HVAC Contractor Name		HVAC License#	

*** List all Sub-Contractors on Attachment A**

3. Utility company (Required to be completed): Duke Energy Owen Electric Cooperative

4. Location of electric service: overhead or underground

5. Description of electrical work to be performed: _____

6. Is construction temporary service requested?: Yes No

7. Indicate the amperage of new/existing service: _____ 8. Estimated value of electric work: \$ _____

9. Proposed building activity (Required to be completed):

- | | | |
|---|--|---|
| <input type="checkbox"/> New building | <input type="checkbox"/> Building Shell permit | <input type="checkbox"/> Driveway / Access point |
| <input type="checkbox"/> Addition to building | <input type="checkbox"/> Repair / Replacement | <input type="checkbox"/> Footer/Foundation and site work only |
| <input type="checkbox"/> Alteration to building | <input type="checkbox"/> Agriculture / Farm exemption | <input type="checkbox"/> Fence Type: _____ Height: _____ |
| <input type="checkbox"/> Demolition of building | <input type="checkbox"/> Off-street parking / Unloading facility | <input type="checkbox"/> Sign <input type="checkbox"/> New <input type="checkbox"/> Face Change |
| <input type="checkbox"/> Accessory structure | <input type="checkbox"/> Change of use or occupancy | <input type="checkbox"/> Other: _____ |

10. Description of construction activity to be performed: (for more room please attach a sheet with the description)

11. Overall estimated cost of project: \$ _____

12. Type of sewage disposal: Public or centralized On-site (septic tank): Sewer permit number _____

13. Type of water supply: Public Private (well, cistern)

14. Is HVAC drawing included with this application? No- Separate permit Yes

15. Is the project located within the floodplain? No Yes

16. Is the project located on an original hillside slope of twenty (20) percent or greater? No Yes

17. How much land area is being disturbed for the proposed project? _____ acres

18. Registered Design Professional in responsible charge: _____

19. If the Registered Design Professional in responsible charge is an architect, is this individual responsible for construction contract administration? No Yes

20. Existing use of building and/or space information:

Building square feet: _____ Number of stories: _____ Construction type: _____

Square feet per floor: _____ Existing use: _____ Building suppression (sprinkler): No Yes

21. Description of proposed Building Use. Be Specific. (for more room please see continuation sheet)

No work shall be started until proper permits have been issued. Fees are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate and the burden of proof of its correctness and accuracy is the responsibility of the applicant. The applicant is responsible for meeting all requirements of the National Electric Code and/or the Kentucky Building Code and/or the Covington Zoning Code and/or the Covington Historic Design Guidelines.

I HEREBY CERTIFY that I understand this application will not be accepted and processed until all the required information has been supplied. I also understand this application may require a site visit/additional research by staff and a PUBLIC HEARING by the CITY OF COVINGTON URBAN DESIGN REVIEW BOARD or the CITY OF COVINGTON BOARD OF ADJUSTMENTS. I hereby certify that I am the owner or Authorized Agent of this building / property and I will comply with all the applicable laws and codes and make the proposed improvements in accordance with the submitted plans and specifications.

Owner or Authorized Agent (Signature): _____ Date: _____

Owner or Authorized Agent (Please print): _____

Who is the applicant? Owner Contractor/Builder Architect/Engineer Other

Signature of Intake Official: _____

OFFICE USE ONLY							
Application/Permit #:	Date Received:			All required documentation submitted <input type="checkbox"/>			
SIC Code		Zoning Fee		Zoning		Approved w Conditions	Disapproved
Zone		Building Fee		Building			
		Electric Fee		Electric			
		COA Fee		COA			
		Total:		Design Waiver			
Proof of Payment from Finance <input type="checkbox"/>				Certificate of Occupancy Issued			
<input type="checkbox"/> Workman's Comp		<input type="checkbox"/> Liability Insurance		<input type="checkbox"/> Contractor's License		<input type="checkbox"/> Master's License	
UDRB Review Required <input type="checkbox"/>				Meeting Date:			
				BOA Review Required <input type="checkbox"/>			
				Meeting Date:			