



RESIDENTIAL 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

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
Building Type	<input type="checkbox"/> Single Family	<input type="checkbox"/> Two Family	<input type="checkbox"/> Multi- Family		
Property Address	Street Address	Covington, KY	Zip Code		
Property Identification Number (PIDN)			Zoning Classification		

	Property Owner	_____ Tenant	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		Master HVAC #	

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

1. Utility company (Required to be completed): Duke Energy Owen Electric Cooperative
2. Location of electric service: Overhead or Underground
3. Description of electrical work to be performed: _____
4. Is construction temporary service requested?: Yes No
5. Indicate the amperage of new/existing service: _____ 6. Estimated value of electric work:\$ _____
7. Proposed building activity (Required to be completed):

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

8. Description of construction activity to be performed: (for more room please attach an additional sheet)

9. Overall estimated cost of project: \$ _____

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

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

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

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

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

15. Subdivision name: _____

16. Lot number: _____

17. Manufactured home manufacturer: _____

18. Modular home- Model number: _____

19. Encroachment permit required by: County State

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 improvement 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

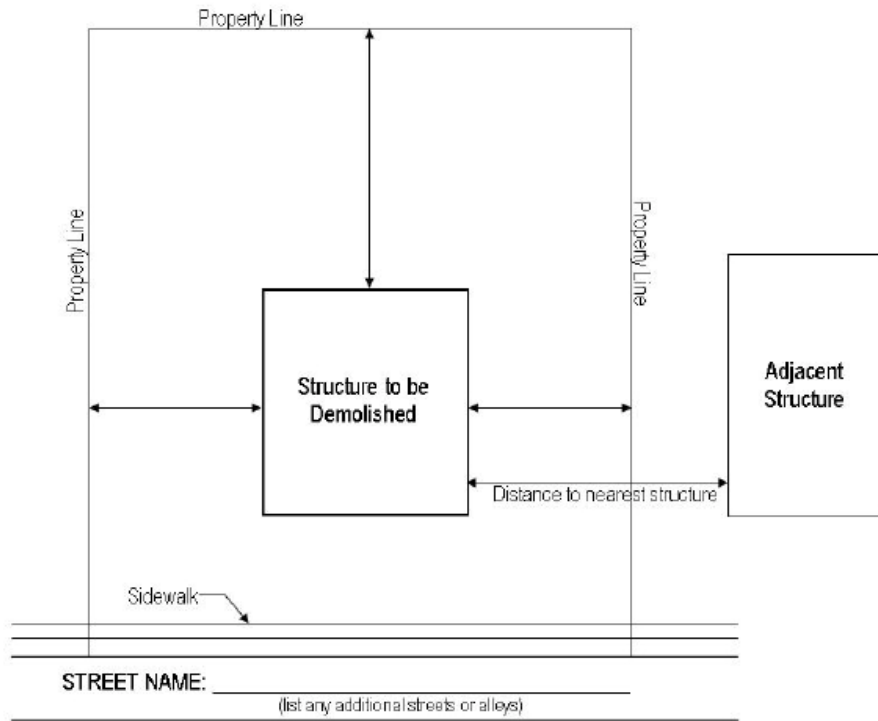
Signature of Intake: _____

OFFICE USE ONLY							
Application/Permit #:		Date Received:			All required documentation submitted <input type="checkbox"/>		
					Approved	Approved w Conditions	Disapproved
SIC Code		Zoning Fee		Zoning			
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: _____			



DEMOLITION PLAN APPLICATION

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Specify dimensions of the structure being demolished: _____

Specify total height of the structure being demolished: _____

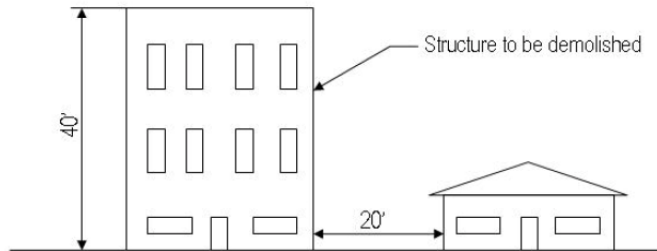
Specify type of construction of structure being demolished: _____

Specify method of demolition: _____

Specify approximate distance in feet to the following:

Street or Alley _____ Public walkway or sidewalk _____ Existing structure (same property) _____

Adjacent Structures _____ Easements _____ Streams, creeks, or rivers _____



List precautionary procedures if building height exceeds distance to property line or adjacent structure. (example Pedestrian protection): _____
