



City of Park Hills

APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____

PROJECT INFORMATION

Project Address: _____ Lot: _____ Zoning _____

Applicant Name: _____ Phone #: _____

Applicant Address: _____ E-Mail _____

Property Owner(s): _____ Phone #: _____

Owner Address: _____ E-Mail _____

CONTRACTOR INFORMATION

General Contractor: _____ Phone #: _____

General Contractor Address: _____ E-Mail _____

Mechanical Contractor: _____ Phone #: _____

Electrical Contractor: _____ Phone #: _____

Plumbing Contractor: _____ Phone #: _____

Fire Prevention Contractor: _____ Phone #: _____

Design Professional: _____ Phone #: _____

Const. Type: _____ Use Group: _____ Occupant Load: _____ Const. Value \$ _____

DESCRIPTION OF PROJECT

Type of Work	Height and Area	New or Requested Utilities	Fire Protection System
<input type="checkbox"/> New	Area <input type="checkbox"/> SQFT	Water Service <input type="checkbox"/> INCH	<input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Alteration	Length <input type="checkbox"/> FT	Sewer Service <input type="checkbox"/> INCH	<input type="checkbox"/> Sprinklers
<input type="checkbox"/> Change of Use	Width <input type="checkbox"/> FT	Electric Service <input type="checkbox"/> AMP	<input type="checkbox"/> Smoke Alarms
<input type="checkbox"/> Manufactured	Height <input type="checkbox"/> FT	<input type="checkbox"/> Overhead	<input type="checkbox"/> Hood System
<input type="checkbox"/> Other _____	Stories <input type="checkbox"/>	<input type="checkbox"/> Underground	<input type="checkbox"/> Fire Alarm

I CERTIFY THAT I AM THE OWNER IN FEE OR AGENT AUTHORIZED TO APPLY FOR THE BUILDING PERMIT. IN ADDITION, I CERTIFY THAT I AM AUTHORIZED TO APPLY FOR THE ABOVE LISTED TRADE PERMITS ON BEHALF OF THE LISTED LICENSEES. I UNDERSTAND THAT THE SUBMITTAL OF INCOMPLETE PLANS OR FAILURE TO COMPLETE THIS APPLICATION IN ITS ENTIRETY MAY RESULT IN DELAY OF PLAN REVIEW AND PERMIT APPROVAL.

Applicant Signature: _____ Date: _____