

# Commercial Permit/Plan Review Application

City of Ashland, KY

Please submit this form with **3 COMPLETE** sets of plans and **2 COMPLETE** electronic sets of plans (either CD or flash drive) (including, but not limited to, construction drawings, site plans, height & area calculations, elevations, energy calculations, MEPs, 1 set of specifications, etc.), to:

**Division of Building Inspection, 1700 Greenup Ave., Room: 208**  
**Ashland, KY 41101**  
**Phone number: 606-327-2047 Fax: 606-325-8412**  
**Mailing Address: P.O. Box 1839, Ashland, KY 41105**

Please provide the following information

**Project Address:** \_\_\_\_\_ **Suite#:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**To Confirm the Correct Project Address Call the Engineering Office at (606) 327-2008**  
**Business Name:** \_\_\_\_\_  
**Owner or Applicant:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contractor:** \_\_\_\_\_ **Bus. License Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Architect Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Firm Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Engineer Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Firm Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

~~~~~Please check which best describes your project~~~~~

New Building:  Building Addition:  Fit-Up:  Remodel:   
Change of Use:  Fire Repair:  Parking Lot:  Parking Addition   
Cell Tower/Co-locate/Antenna Upgrade   
Other: Describe on lines provided below

~~~~~General Building Information~~~~~

2013 KBC Construction Type: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sq. Ft. Per Floor: \_\_\_\_\_  
Remodel/Fit-up Sq. Ft: \_\_\_\_\_ 2013 KBC Use Group: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

**Basement?:** Yes ( ) No ( ) **Fire Alarm?:** Yes ( ) No ( ) **Sprinkler System?:** Yes ( ) No ( )

**Plan review fees are based on Table 121.3.1 in the 2013 KBC**

**CHECK # \_\_\_\_\_ (Plans received without review fee will not be reviewed)**

**\*A complete list of sub-contractors with license #'s and insurance information must be submitted prior to issuance of a permit.**

The Undersigned hereby certifies they are the owner or the owner's agent of the property and that all information is true and accurate to the best of their knowledge.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Plans for Sprinkler and Alarm Systems to be sent to the Fire Marshal,**  
**1021 Carter Avenue, P.O. Box 1839, Ashland KY, 41105**  
**(606) 327-2036**

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City of Ashland, KY

## PLAN REVIEW FEE WORKSHEET

DATE

NAME

ADDRESS

OCCUPANCY TYPE

### CALCULATIONS

When figuring gross square feet in a project, measure the outside dimensions of the exterior walls. Include all occupied stories and basement space.

New Construction:

Cost per square foot \_\_\_\_\_ x total square feet \_\_\_\_\_ = \$ \_\_\_\_\_

Minimum fee for review of plans in this section will be two hundred eighty-five dollars (\$285).

Additions to existing buildings:

Cost per square foot \_\_\_\_\_ x total square feet \_\_\_\_\_ = \$ \_\_\_\_\_

Alterations or repairs:

.0030 x cost of alterations \_\_\_\_\_ = \$ \_\_\_\_\_

Minimum fee for review of plans in this section will be two hundred eighty-five dollars (\$285).

Table 121.3.1  
Department of Housing Fee Schedule

| <b>Occupancy Type</b> | <b>Cost per square foot (cents)</b> |
|-----------------------|-------------------------------------|
| Assembly              | 16                                  |
| Business              | 15                                  |
| Day care centers      | 15                                  |
| Educational           | 15                                  |
| Utility & Misc.       | 13                                  |
| High hazard           | 16                                  |
| Industrial factories  | 15                                  |
| Institutional         | 16                                  |
| Mercantile            | 15                                  |
| Residential           | 15                                  |
| Storage               | 13                                  |

Specialized fees for sprinklers and hood systems refer to Business Assistance Package Pg. 2-3

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