

COMMUNITY AND DEVELOPMENT SERVICES

APPLICATION FOR

COMMERCIAL BUILDING PERMIT

Instruction to applicants: Please complete the following items (as applicable) in ink or type. If you are unsure on a specific item or should you have any questions, please contact a member of our Staff at (270) 887-4285.

APPLICANT INFORMATION

- A. Applicant (Name of Business): \_\_\_\_\_
- B. Property Owner: \_\_\_\_\_
- C. Owner's Mailing Address: \_\_\_\_\_
- D. Contact Person: \_\_\_\_\_
- E. Telephone Number(s): \_\_\_\_\_ F. Fax Number: \_\_\_\_\_

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PROPERTY INFORMATION

- A. Address of Construction: \_\_\_\_\_
- B. Subdivision Name (if previously platted): \_\_\_\_\_
- C. Lot Number (if applicable): \_\_\_\_\_
- D. Zoning: \_\_\_\_\_ E. Date Construction to begin: \_\_\_\_\_

F. Estimated Completion: \_\_\_\_\_ G. Estimated Cost: \_\_\_\_\_

(Material & Labor)

Street Frontage (feet) \_\_\_\_\_

Front Setback (feet) \_\_\_\_\_

Rear Setback (feet) \_\_\_\_\_

Left Setback (feet) \_\_\_\_\_

Right Setback (feet) \_\_\_\_\_

Height Above Grade (feet) \_\_\_\_\_

Stories (number) \_\_\_\_\_

Lot Area (sq. feet) \_\_\_\_\_

Building Area (per floor) \_\_\_\_\_

Parking Spaces \_\_\_\_\_

Parking Area (sq. feet) \_\_\_\_\_

Basement Area (sq. feet) \_\_\_\_\_

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Is any part of the property located in the Flood Plain? \_\_\_ Yes \_\_\_ No

If yes, what zone? \_\_\_\_\_ Will the structure obstruct natural drainage: \_\_\_ Yes \_\_\_ No

Are there any sinkholes or other obstructions on site? \_\_\_ Yes \_\_\_ No

Are all utility and drainage easements onsite been designated on the Site Plan? \_\_\_ Yes \_\_\_ No

Has a proper sized entrance tile (minimum 15") been installed at the entrances to the property?

\_\_\_ Yes \_\_\_ No

CONSTRUCTION PLAN \_\_\_ Local \_\_\_ State

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TYPE OF CONSTRUCTION

\_\_\_ New Construction \_\_\_ Remodel \_\_\_ Addition \_\_\_ Accessory

\_\_\_\_\_ Size of Structure (square feet)

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**PROPOSED USE:**

ASSEMBLY:  Theater  Night Club  Restaurant  Church  Other Assembly

BUSINESS: \_\_\_\_\_ Type

EDUCATIONAL:  Day Care Facility

FACTORY:  Moderate Hazard  Low Hazard  High Hazard

INSTITUTIONAL:  Group Home  Hospital  Jail

MERCANTILE: \_\_\_\_\_

RESIDENTIAL:  Hotel, Motel  Multi Family

STORAGE:  Moderate Hazard  Low Hazard \_\_\_\_\_ Specify material to be stored

OTHER:  Parking Garage  Motor Fuel Service  Repair Garage  HPM

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**ELECTRICAL DETAIL**

Any extensions or modifications to wiring system?  Yes  No

(New service or any extensions or modifications require a electric permit and inspection by a State Electrical Inspector)

New Service  Service Change  Size Amp  Extension of Service

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**CONTRACTORS INFORMATION**

	NAME OF CONTRACTOR	ADDRESS	CITY	LICENSE NO.

Applicant (not owner)				
Architect/Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

**CERTIFICATION**

In consideration of the issuance of the requested permit, I hereby agree and covenant, with the County of Christian, the Community and Development Services, that I will observe and conform with all applicable codes, zoning ordinances, and all other applicable codes, laws, restrictions and ordinances, and I hereby assume all risk incidental to any error or any violations or interpretations thereof.

The Property Owner and Contractor hereby release the County of Christian, the Community and Development Services and their employees from all liability of every kind and nature for damages which may occur from defective wiring or construction of or on said premises and hereby agrees to hold harmless the County of Christian, the Community and Development Services and their employees from any kind and all

such liabilities.

I hereby certify that I understand the contents of the above paragraphs and that information used to complete this application is true and correct to my best knowledge and belief. I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by said owner to make this application as his authorized agent.

\_\_\_\_\_  
Signature of Applicant

Date

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**FOR OFFICE USE ONLY**

Proposed use in conformance with Zoning Ordinance?     Yes     No

Building Permit Number \_\_\_\_\_

Permit Fee \_\_\_\_\_

Electrical Permit Number \_\_\_\_\_

Permit Fee \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

Date