



# City of Richmond

Department of Codes Enforcement

P.O. Box 250, 239 West Main Street, Richmond, KY 40475

(859) 625-6404



## Commercial Building Permit Application

<b>Location of project:</b>		Lot #:	Zone:
Permit Type (circle one): Complete Building / Shell only / Fitup / Remodel / Other_____			
<b>Owner:</b>		Telephone:	
Owner's Address:		City, State & Zip:	
<b>Contractor:</b>		Telephone:	
Contractor's Address:		City, State & Zip:	
City of Richmond Business License #			
<b>Contact Person:</b>		Telephone:	
Email:		Fax:	

<b>Occupancy Classification:</b>	<b>Building Use:</b>
<b>Occupant Load:</b>	<b>Sprinkler System:</b> None Full Partial
<b>Construction Type:</b>	<b>Total Building Sq. Ft:</b>

Lot Sq. Ft.:	Floodplain: Yes No
Foundation Type:	No. of Units:
No. Bedrooms:	Basement: Yes No
No. Baths:	Finished: Yes No
No. Stories:	
Heating: Electric Gas Solar Other_____	
<b>Cost of Construction:</b>	

Parking areas and spaces shall comply with approved Development Plan.

\*\*\*It is the contractors responsibility to be familiar with all required inspections, including any special inspections.

Schedule inspections at least 24 hours in advance to assure availability of time requested.

City of Richmond  
 Department of Codes Enforcement  
 239 West Main Street  
 Richmond, KY 40475  
 (859) 625-6404  
 (859) 625-6401 fax

I certify that the above information is true and correct. I agree to comply with all applicable codes and requirements enforced by the City of Richmond.

Signature / Date

Rev. 03/15



# City of Richmond

Department of Codes Enforcement  
239 West Main Street, Richmond, KY 40475  
(859) 625-6404



## Commercial Building Permit Application **Subcontractor Information**

Excavation

\_\_\_\_\_  
Name / Telephone Business License #

Concrete

\_\_\_\_\_  
Name / Telephone Business License #

Carpentry

\_\_\_\_\_  
Name / Telephone Business License #

Electrical

\_\_\_\_\_  
Name / Telephone Business License #

Plumbing

\_\_\_\_\_  
Name / Telephone Business License #

Mechanical

(Load calculations req'd)

\_\_\_\_\_  
Name / Telephone Business License #

Roofing

\_\_\_\_\_  
Name / Telephone Business License #

Masonry

\_\_\_\_\_  
Name / Telephone Business License #

Drywall

\_\_\_\_\_  
Name / Telephone Business License #

Paving

\_\_\_\_\_  
Name / Telephone Business License #

Sprinkler

(Plan review req'd)

\_\_\_\_\_  
Name / Telephone Business License #

Fire Alarm

(Plan review req'd)

\_\_\_\_\_  
Name / Telephone Business License #

Other

\_\_\_\_\_  
Name / Telephone Business License #

All Contractors are to obtain a City of Richmond *Business License* and supply Certificate of Workman's Comp Insurance.

I certify that the above information is true and correct. I agree to comply with all applicable codes and requirements enforced by the City of Richmond.

\_\_\_\_\_  
Signature – owner or agent

\_\_\_\_\_  
date