



City of Richmond

Department of Codes Enforcement

P.O. Box 250, 239 West Main Street, Richmond, KY 40475
(859) 625-6404 (859)625-6404 fax

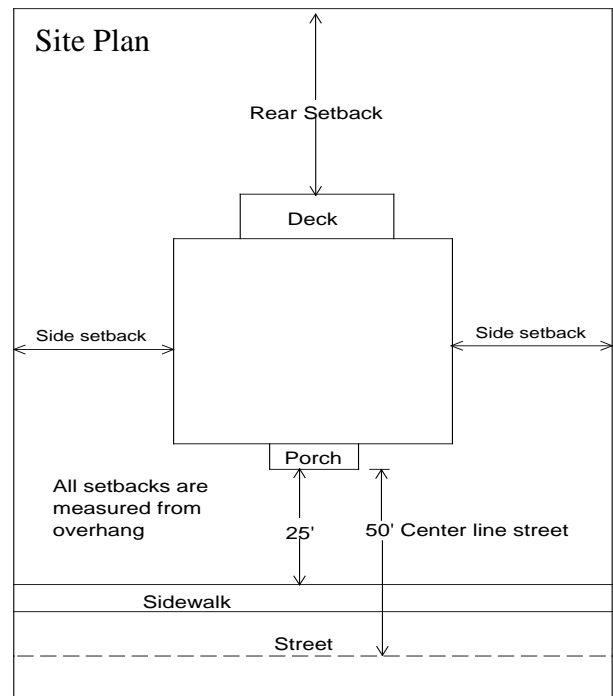


Residential Building Permit Application

Address of project:		Lot #:	Zone:
Permit Type (circle one): New Construction / Addition / Remodel / Repair / Other _____			
Owner:		Telephone:	
Owner's Address:		City, State & Zip:	
Contractor:		Telephone:	
Contractor's Address:		City, State & Zip:	
City of Richmond Business License #			
Contact Person:		Telephone:	
Email:		Fax:	

Building use:	Building Sq. Ft. (include garage):
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2009 IECC Compliance Options (Check Method Below)	
<input type="radio"/> Prescriptive	
<input type="radio"/> Total UA REScheck	
<input type="radio"/> Performance	
No. Stories:	Foundation Type:
No. Bedrooms:	Basement: Yes No
No. Baths:	Finished: Yes No
Attic Storage:	Bonus Room:
Lot Sq. Ft.:	Floodplain: Yes No
Heating: Electric Gas Solar Other _____	



Cost of Construction:

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.

A list of Sub-contractors is to be submitted to City of Richmond Finance prior to the issuance of the permit.

*Prior to issuance of new construction permit, silt fence/ construction area should **be ready** to inspect by Planning and Zoning Department, copy of utility service application (Richmond Utilities pink copy), this application filled out, and a set of plans pertaining to construction. Once the above is submitted, please allow up to 5 business days for plan review. Once plan review is complete, a building permit to start construction will be given upon payment based on cost of construction.

Signature - owner or agent / date

Rev. 03/02/15

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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

Name / Telephone Business License #

Roofing

Name / Telephone Business License #

Masonry

Name / Telephone Business License #

Drywall

Name / Telephone Business License #

Paving

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

