



# Disclaimer

(Read carefully and sign below)

I do hereby affirm and agree that I will observe all existing easements whether apparent or not and understand that it is my responsibility to determine the location and extent of any and all easements.

I do hereby affirm and agree that I will determine and comply with all applicable requirements and regulations of Spencer County Health Department, utility companies serving the subject property, applicable local jurisdiction, and Commonwealth of Kentucky (including but not limited to the Kentucky State Building Code, Kentucky Residential Code, and Kentucky Highway Department requirements). I do also hereby certify and state, pursuant to KRS 198.060 (10) that all contractors and subcontractors that are employed or will be employed on any activity covered by this permit shall be in compliance with the Commonwealth of Kentucky's requirements for Worker's Compensation Insurance (KRS Chapter 342) and unemployment insurance (KRS Chapter 341).

I do hereby affirm and agree that I will determine and comply with any and all private restrictions, covenants, regulations and with the Zoning Ordinance and Subdivision Regulations of Spencer County. I also certify that the setbacks shown on this building/zoning permit application are accurate to the best of my knowledge and that I have done my utmost to determine true and accurate property lines.

I hereby certify that I have read the above statements carefully and understand my obligations. I do hereby release the Taylorsville-Spencer County Joint Planning and Zoning Commission of any liability to my failure to meet the obligations stated above.

(check one: ( ) Owner ( ) Contractor)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

## For Office Use Only

1. \_\_\_ One set of Construction Plans
4. \_\_\_ Approved Site Evaluation for Septic System or Letter from City if Sewer
5. \_\_\_ Proof of Insurance  
    \_\_\_ Liability or Builders Risk  
    \_\_\_ Workers Compensation or Unemployment or Affidavit of exemption
6. \_\_\_ Approved Entrance from County or State Road Foreman
7. \_\_\_ Proof of occupation/business license from County for all contractors.
8. \_\_\_ Subcontractors list

**Obtaining the signature of the Administrative Official gives Zoning Approval for Construction, permits issued *without* such signature are in violation of the Zoning Regulations.**

Zoning Administrative Review date: \_\_\_\_\_ By: \_\_\_\_\_

Construction Plan Review date: \_\_\_\_\_ Permit # \_\_\_\_\_

Permit Issued By Inspector: \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ ( ) Check # \_\_\_\_\_ ( ) Cash ( ) Exempt from inspections

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subcontractors List for Building Permit

Today's Date \_\_\_\_\_ Projected Start Date \_\_\_\_\_

Builder \_\_\_\_\_ Phone \_(\_\_\_\_)\_\_\_\_\_

Mailing Address \_\_\_\_\_

Construction Location \_\_\_\_\_

Please list all subcontractors and suppliers with whom you do business

Grading/Excavating \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Gravel/Rock \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Footers \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Basement Walls \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Concrete Flat Work \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Framing \_\_\_\_\_  
Name

\_\_\_\_\_ Address

ROOF:

Roofing Materials \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Rofer \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Window & Door Supplier \_\_\_\_\_  
Name

\_\_\_\_\_ Address

Lumber Supplier

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Brick/Stone Mason

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Brick/Stone Supplier

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Vinyl Installer

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Vinyl Supplier

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Gutter Installer

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Gutter Supplier

\_\_\_\_\_

Name

\_\_\_\_\_

Address

**ELECTRICAL:**

Electrician

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Electrical Fixtures

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Electrical Fixture Supplier

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Cable Installer

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Audio System

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Telephone System Installer

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Alarm System Installer

\_\_\_\_\_

Name

**DRYWALL:**

Drywall Supplier

Address

Name

Drywall Labor

Address

Name

Address

**TRIM:**

Trim Carpentry

Name

Trim Supplier

Address

Name

Address

Cabinet Manufacturer

Name

Address

Cabinet Installer

Name

Address

**FLOORING:**

Carpet Installer

Name

Address

Wood Installer

Name

Address

Tile Installer

Name

Address

**PLUMBING:**

Septic Installer

Name

Address

Plumber

Name

Address

HVAC

Name

Address

Insulation

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Fireplace

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Painters

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Dumpster Supplier

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Port-a-Pot Supplier

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Clean-up People

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Finish grade/sod, seed,  
Landscape, etc.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Other

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Individual Submitting Information

\_\_\_\_\_  
Date