



PLAN APPLICATION FORM

CITY OF PIKEVILLE BUILDING CODE ENFORCEMENT
243 MAIN ST
PIKEVILLE, KY 41501



BUILDING CODES: 606-444-5289

NOTE: Complete all applicable spaces

Today's Date:

REV.4/2024

NAME OF PERSON SUBMITTING PLANS		Phone () - Ext	
MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX		CITY	STATE ZIP CODE

EMAIL: _____

BUSINESS & PROJECT NAME: _____
(Or tenant name if multi-tenant building)

PROJECT LOCATION:	NUMBER/STREET, HWY OR ROAD (Please do not indicate P.O. Box or Postal Routes)	CITY	STATE	ZIP CODE
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IF PROJECT IS EXISTING, PLEASE NOTE PREVIOUS NAME:

PROJECT LOCATED WITHIN CITY LIMITS? Yes No COUNTY _____

OWNER (INDIVIDUAL & COMPANY)	PHONE () - Ext
MAILING ADDRESS: _____	
NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY STATE ZIP CODE

EMAIL: _____

ARCHITECT (NAME & FIRM) _____ PHONE () - Ext

AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION Yes No

MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE

EMAIL: _____

NOTE: DESIGN CERTIFICATION REQUIRED. All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2018 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirements for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official having jurisdiction. This does not apply for Plumbing submission only.

ENGINEER (NAME & FIRM)	PHONE () - Ext
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MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE

EMAIL: _____

PROJECT CONTRACTOR _____ PHONE () - Ext

MAILING ADDRESS: _____			
NUMBER / STREET, HWY, ROAD or P. O. BOX	CITY	STATE	ZIP CODE

EMAIL: _____

BUILDING INFORMATION							
NUMBER OF BUILDINGS IN THIS SUBMITTAL:		USE OF BUILDING(S) i.e...restaurant, office, classroom, storage or other (please specify)					
BUILDING(S) IN THIS PROJECT IS / ARE:		<input type="checkbox"/> NEW FREESTANDING BUILDING	<input type="checkbox"/> NEW ADDITION TO EXISTING STRUCTURE	<input type="checkbox"/> RENOVATION ONLY	<input type="checkbox"/> RENOVATION & ADDITION		
TOTAL AREA IN NEW BLDG. OR ADDITION:	FT ²	NUMBER OF LEVELS (INCLUDING BASEMENT):		BASEMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL AREA IN EXISTING BLDG.:	FT ²	DATE CONSTRUCTION TO BEGIN:			ESTIMATED COMPLETION DATE:		

TYPE OF PLAN SUBMITTALS

BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)	
BUILDING PLAN REVIEW (BCE)	PLUMBING PLAN REVIEW	Suppression System (Sprinkler, CO ² , Etc.)	<input type="checkbox"/> Range Hood System <input type="checkbox"/>
Full Building Review <input type="checkbox"/>	Plumbing Review ONLY <input type="checkbox"/>	Alarm Systems	<input type="checkbox"/> Fuel Tank <input type="checkbox"/>
Expedited Site & Foundation Review <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>	Boiler System	<input type="checkbox"/> Elevator <input type="checkbox"/>
Partial Building Review (Shell) <input type="checkbox"/>	Waste Water Review <input type="checkbox"/>	Bleacher Seating	<input type="checkbox"/> Swimming Pool <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>		<input type="checkbox"/> Prefabricated Truss <input type="checkbox"/>
SUBMIT ONLY ONE SET FOR BCE		SUBMIT 3 SETS OF PLANS FOR PLB	
		SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE	