

CITY OF FORT THOMAS
130 N. FORT THOMAS AVENUE
FORT THOMAS, KY 41075
859-572-1202



APPLICATION FOR BUILDING PERMIT NUMBER 20_____ - _____

Location of Property _____
 Owner _____ Address (if different) _____
 Phone _____

Contractor _____ Address _____

 Contact Person _____ Phone _____
Ft Thomas Occupation License? (required) Yes No **License No.:** _____
 Subcontractor _____ Address _____ Phone _____

Type of Improvement (Check all that apply)

- | | | |
|-----------------------------|----------------------|---------------------|
| New Building | Addition | Grading |
| New Single Family Residence | Air Conditioner/HVAC | Pool |
| New Multi-Family Residence | Deck | Repair, Replacement |
| Number of Units _____ | Demolition | Sign |
| Business | Fence | Storage Shed |
| Use _____ | Garage | Other _____ |

ESTIMATED COST \$ _____

Notes: Smoke Detectors are required by City Ordinance to be installed in all residential structures
All contractors are required by City Ordinance to hold an Occupational License.

Special Building Notes _____
 The owner of this building and undersigned do hereby certify that the information and statements given on this application, drawings and specifications are to the best of their knowledge, true and correct.

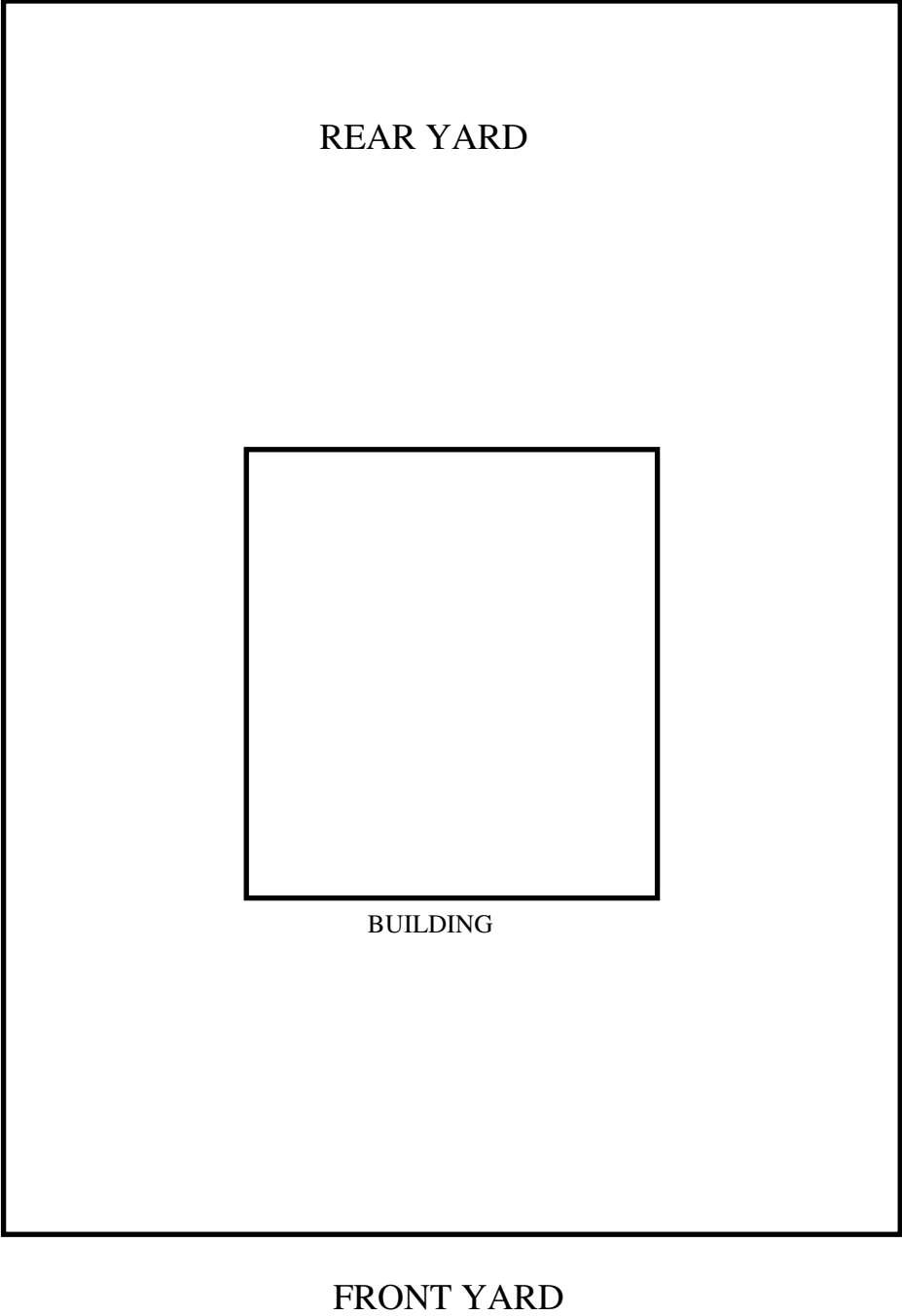
SIGNATURE OF APPLICANT _____ **DATE** _____

=====

PERMIT AND INSPECTION FEES: **(Office Use only)**

Building Permit Fee	\$ _____	Signature	_____
Zoning Permit Fee	\$ _____	Date	_____
Cert. Of Occupancy	\$ _____	Board of Adjustment No.	_____
TOTAL	\$ _____		

SITE PLAN



Please indicate distances from lot lines as well as dimensions of proposed structure.