



**CITY OF RUSSELL
P.O. BOX 394
RUSSELL, KY 41169**

BUILDING PERMIT APPLICATION

PERMIT NO. _____

APPLICATION DATE ____/____/____

RESIDENTIAL ____ COMMERCIAL ____ MIXED USE ____ DEMOLITION ____

JOB SITE ADDRESS _____

APPLICANT NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE (____) _____ FAX NO: (____) _____

PROPERTY OWNER NAME _____

ADDRESS _____ PHONE (____) _____

CONTRACTOR / DESIGNER INFORMATION –

NOTE (STATE AND LOCAL LICENSES AND WORKERS COMPENSATION MUST BE VALID AT TIME OF PERMIT ISSUANCE)

CONTRACTOR NAME : _____

CONTACT PERSON : _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE (____) _____ FAX NO: (____) _____

STATE CONTRACTOR LICENSE # _____ CITY BUSINESS LICENSE # _____

ARCHITECT / ENGINEER _____ PHONE #: _____

ADDRESS : _____

DESCRIPTION OF WORK : _____

PROPOSED SQ/FT: NEW BUILDING _____ ADDITION _____ REMODEL _____

DECKS _____ POOL _____ FENCE _____ ACCESSORY STRUCTURE _____ DEMOLITION _____

PROPOSED ELECTRIC SIZE _____ WATER HEATER _____ FURNACE _____

TOTAL VALUATION OF PROJECT \$ _____

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT THIS IS ONLY AN APPLICATION FOR REVIEW AND DOES NOT AUTHORIZE TO COMMENCE. I CERTIFY THAT I AM THE PROPERTY OWNER OR AUTHORIZED AGENT TO ACT ON THE PROPERTY OWNERS BEHALF.

APPLICANT / AGENT SIGNATURE _____ DATE ____/____/____

ZONING FEE \$ _____ PERMIT FEE \$ _____ TOTAL FEES \$ _____