

# **CITY OF MAYFIELD**

## **PLAN SUBMISISON BUILDING PERMIT APPLICATION GUIDE**

### **FOR BUILDING CONSTRUCTION**

**BUILDING PROJECTS 10,000 SQUARE FEET AND UNDER**

**Mayfield Department of Housing Buildings and  
Construction**

**Division of Building Code Enforcement**

**211 East Broadway, Suite D  
Mayfield, KY 42066  
270-251-6203**

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***The following pages must be completed and returned to Jimmy Bostic, Building Official, at 211 East Broadway, Mayfield, KY 42066***

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Plan Application	Page 5 & 6
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## REQUIRED INSPECTIONS BY MAYFIELD/GRAVES CO. BUILDING CODE INSPECTOR

Copies of the required inspections listed should be kept by the owner/contractor as they are done. These copies should be kept for proof that the inspections were done at the specified time periods or building stages. These inspections are required for all building projects within MAYFIELD/GRAVES COUNTY. Owners will be subject to penalties if required inspections are not done. Twenty-four hour prior notice must be given to this office for each inspection. Building official will work with owners and contractors if weather is a factor and will do the inspections after or before regular business hours

Site layout inspection will be made if contractor or owner has any doubts of the street right of way or zoning set backs. Qualified surveyor should establish any questionable property line.

1. Footings inspection prior to concrete and with all seismic requirements in place
  - a. Depth 24 inches minimum
  - b. Steel as required per plan and area seismic requirements
  - c. Width and thickness based on building height and wall width
  
2. Foundation or block wall inspection as it is installed, seismic wall ties of interlocking block walls and required reinforcement in place
  - a. Width of block used
  - b. Steel as required and voids slush filled properly
  - c. Metal web reinforcement used at wall intersections
  - d. Cap block and opening lintels properly installed
  - e. Seismic tie down bolts installed properly
  
3. Frame inspection prior to any insulation or interior wall finish applied
  - a. Proper spacing and fastening methods
  - b. Truss to wall straps per wind load requirements
  - c. Seismic tie down of base plates and wall bracing
  - d. Decay resistant material placement (plates in contact with concrete, blocks and any wood within 18 inches of exposed ground)
  - e. Header and lumber dimensions used at different spans
  
4. Interior finish inspection of wall and ceiling material application-prior to any sheet rock finishing applications, painting, or drop in ceiling panels placement
  - a. Proper fastening methods (fasteners and spacing)
  
5. Final inspection after all required inspections are done by state and any local electric, plumbing, health department, etc. with approved certificates posted on job site

Owner Notification \_\_\_\_\_

Contractor Notification \_\_\_\_\_

**COMMERCIAL/INDUSTRIAL/&RESIDENTIAL PROJECTS CONTAINING THREE OR MORE UNITS  
PLAN REVIEW FEE WORKSHEET**

(Fees are not required when project involves plumbing only)

FEE PAID BY: _____	Date: _____
COMPANY: _____	Your Check # _____
MAILING ADDRESS: _____	Amount of Check: _____
CITY/STATE/ZIP: _____	
RE: CASE NO. (IF Known) _____	
BUSINESS NAME: _____	
PROJECT NAME: _____	
PROJECT LOCATION: _____	
STREET: _____	
CITY: _____	COUNTY: _____

**FEE CALCULATIONS**

(See included Fee Schedule Table)

When calculating the total area (gross area) in the project, use the outside dimensions of the structure. Include the area of all occupied floor space, including mezzanine levels and all areas within horizontal projection of the roof.

*New Construction:*

Cost per sq. ft. \_\_\_\_\_ (see schedule) X total area \_\_\_\_\_ = FEE \$ \_\_\_\_\_

*Additions to Existing Buildings:*

Cost per sq. ft. \_\_\_\_\_ (see schedule) X total area in addition \_\_\_\_\_ = FEE \$ \_\_\_\_\_

*Alterations, Repairs or Renovations:*

.0025 X cost of alterations \_\_\_\_\_ = FEE \$ \_\_\_\_\_

**TOTAL THIS SECTION**      \$ \_\_\_\_\_

Include the following specialized fees only when the plans accompany payment. *See Specialized Fees Section of the Fee Schedule.*

Sprinkler _____	Foam Suppression _____
Fire Detection _____	Commercial Range Hoods _____
Standpipe _____	Dry Chemical System _____
CO2 Suppression _____	Hazardous Materials Tank _____
Halon Suppression _____	<i>Total Specialized</i> _____



**PLAN APPLICATION FORM CONTINUED**

TYPE OF SUBMITTALS	
BUILDING SUBMITTALS (Check what types of evaluations are requested)	
<p style="text-align: center;">BCE</p> <p><input type="checkbox"/> Full Building Approval</p> <p><input type="checkbox"/> Site and Foundation Approval</p> <p><input type="checkbox"/> Partial Evaluation: (please specify)</p> <p style="text-align: center;">_____</p> <p><b>Two sets required for Building Code Enforcement</b></p>	<p style="text-align: center;">PLUMBING</p> <p><input type="checkbox"/> Plumbing approval ONLY</p> <p><input type="checkbox"/> Water supply approval</p> <p><input type="checkbox"/> Waste water approval</p> <p><input type="checkbox"/> OTHER (please specify)</p> <p style="text-align: center;">_____</p>
SHOP DRAWING SUBMITTALS (Check what types of evaluations are requested)	
<p><input type="checkbox"/> Suppression system Sprinkler, CO2, Etc.)</p> <p><input type="checkbox"/> Alarm System</p> <p><input type="checkbox"/> Boiler</p> <p><input type="checkbox"/> Bleachers</p>	<p><input type="checkbox"/> Range Hood</p> <p><input type="checkbox"/> Fuel Tank</p> <p><input type="checkbox"/> Elevator</p> <p><input type="checkbox"/> Pool</p> <p><input type="checkbox"/> Truss</p>
SUBMIT TWO SETS OF PLANS FOR THE ABOVE	
<b>ALWAYS ATTACH THIS FORM OR COPY OF THIS FORM TO EACH SET OF PLANS SUBMITTED OR RESUBMITTED.</b>	

**Two plan sets required. One shall be a complete set of construction documents. Site plan must be included.  
Note: A plan set includes 1 plan - 1 plan application form –1 site plan.**

# RESIDENTIAL-COMMERCIAL-INDUSTRIAL PERMITS APPLICATION

TODAY'S DATE \_\_\_\_\_

OWNER _____	PHONE: _____
ADDRESS _____	( ) _____
CONTRACTOR _____	PHONE: _____
ADDRESS _____	( ) _____
CONTRACT ADMINISTRATION CONTACT _____ (required for all architect projects per KRS 323)	PHONE _____
ADDRESS _____	( ) _____
PROPOSED PROJECT LOCATION _____	
SQUARE FOOTAGE OF PROJECT _____ CODE _____	
COST OF PROJECT _____ PERMIT FEE _____ PLAN REVIEW FEE _____	
PROPOSED USE _____	
<p>OWNERS AND CONTRACTOR SHOULD ADDRESS DRAINAGE ISSUES TO PREVENT PROBLEMS FOR ON SITE BUILDINGS AND/OR ADJOINING PROPERTIES-LAND DISTURBANCE PERMIT REQUIRED**</p> <p>TWO SETS OF PLANS ARE TO BE SUBMITTED FOR REVIEW, AFTER REVIEW AND APPROVAL, KEEP ONE APPROVED COPY AT THE BUILDING SITE DURING CONSTRUCTION.</p> <p>ALL NEW CONSTRUCTION SHALL VERIFY AVAILABILITY OF UTILITIES WITH AVAILABLE ELECTRIC &amp; WATER SYSTEM.                   <b>ARE UTILITIES AVAILABLE   YES    NO</b></p> <p>WILL BE REVIEWED UNDER CURRENT STATE OF KENTUCKY BUILDING CODES ADOPTED AT DATE OF ISSUE OF PERMIT</p> <p>ALL PLUMBING REQUIRES STATE PERMITS</p> <p>ALL ELECTRICAL WILL BE REVIEWED BY LICENSED CERTIFIED ELECTRICAL INSPECTORS APPROVED BY PROVIDING ELECTRICAL COOP AND/OR CITY OF MAYFIELD. NAMES OF ELECTRICAL INSPECTORS WILL BE PROVIDED UPON REQUEST. ELECTRICAL APPLICATION REQUIRED.</p>	
<p><u>COPIES OF FINAL AND ROUGH-IN INSPECTIONS WILL HAVE TO BE FILED WITH PLAN REVIEW OFFICE PRIOR TO ISSUE OF A CERTIFICATE OF OCCUPANCY</u></p> <p><b>ARCHITECT/ENGINEER VERIFICATION OF TYPE OF CONSTRUCTION AS LISTED IN CURRENT CODE</b></p> <p>TYPE OF OCCUPANCY _____</p> <p>DESIGN OF BUILDING TO EARTHQUAKE SITE CLASS E, AREA WIND LOADS (90 mph), AND KENTUCKY BUILDING CODES DESIGNS. _____</p> <p>OCCUPANCY LOAD _____</p>	
APPLICANT SIGNATURE _____	DATE _____

**AFFIDAVIT OF ASSURANCES  
PURSUANT TO KRS 198B.060 (10)**

PROJECT DESCRIPTION \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

Comes the Applicant, (PLEASE PRINT NAME) \_\_\_\_\_  
And states pursuant to KRS 198B.060 (10), that all contractors and subcontractors employed or that will be employed on any activity under the above referenced project shall be in compliance with the Commonwealth of Kentucky requirements for Workers' Compensation Insurance (according to KRS Chapter 342) and Unemployment Insurance (according to KRS Chapter 341).

The Applicant acknowledges that failure on the applicant's part to comply with the foregoing assurances can result in a fine not to exceed four thousand dollars (\$4,000.00) or an amount equal to the sum of all uninsured and unsatisfied claims that might be insurance claims that might be prosecuted under the provisions of KRS 341, whichever is greater.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Contractor, Owner or Owner's Agent

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

\_\_\_\_\_  
Title

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by \_\_\_\_\_, Applicant, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES: \_\_\_\_\_, 20\_\_\_\_\_.

NOTE: this Affidavit of Assurances shall be submitted for any project in the state of Kentucky. Persons claiming exemption to the Workers' Compensation Laws should file an Affidavit of Exemption

with the Kentucky Department of Workers' Claims, Division of Security and Compliance, 1270 Louisville Road, Frankfort, KY 40601. (800-554-8601)

**CITY OF MAYFIELD, KENTUCKY  
LAND DISTURBANCE PERMIT APPLICATION**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Location: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Total amount of area being disturbed  
(Please specify Sq. Ft. or Acres): \_\_\_\_\_

Description of Proposed work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Following must be included in order to process your application:

- Engineering evaluation stating that the receiving system can handle the additional water flow
- Storm water plans stamped and signed by a Kentucky licensed Professional Engineer
- Sedimentation and erosion control plan-Install silt fences, straw bales, sod-seed newly graded areas, etc.
- Any gravel, sediment that gets onto city streets, highways, or adjoining properties shall be removed and washed at end of each day.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**CITY OF MAYFIELD  
ENCROACHMENT PERMIT  
(CITY STREETS)  
ALL PROPERTIES ADJOINING HIGHWAYS  
MUST CONTACT STATE OFFICE**

This Permit is required by City of Mayfield Zoning Ordinance 7-95  
Section 3, Article VII, Paragraph (2) Parking Design Standards (K) Access Points-line (3)

Applicant or Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Agent or Contractor: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Encroachment: (check all that apply)

Commercial entrance \_\_\_\_\_ Type of Business \_\_\_\_\_  
Private entrance \_\_\_\_\_ Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_  
Utility \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_ Sewer \_\_\_\_\_ Telephone \_\_\_\_\_ Cable \_\_\_\_\_  
Grading \_\_\_\_\_ Fill \_\_\_\_\_ Cut \_\_\_\_\_ Landscaping \_\_\_\_\_ Etc. \_\_\_\_\_  
Other \_\_\_\_\_ Specify with description \_\_\_\_\_

BRIEF DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_ ADDRESS OF PROJECT: \_\_\_\_\_  
(Attach Project Sketch/Drawing)

**Restrictions applicable: (1) No driveway entrance within thirty feet of intersection (2) All curb cuts repaired to match existing curb (3) No change of existing gutter and/or street elevation (4) Do not drain any water into street area (5) Any slope or elevation changes must begin backside of existing curb minimum 20 inches from edge of street pavement (6) Swales formed or slope driveway to prevent water from flowing into street area (7) All work on state highways must also meet any state requirements (8) All utility easements and restrictions are applicable (9) Sidewalks across driveway entrances must be marked/defined with expansion joint marking tool or by expansion joints-ADA cross slope maximum 1:50 (10) Any vegetation/plants/flowers maximum growth height three foot and width must not encroach sidewalk and/or street areas or adjoining property lines (11) Install and maintain erosion control (12) Any gravel, sediment that gets onto city street shall be removed and washed by the end of the day (13) Seed newly graded areas and straw/mulch control till grass is established**

Date project will begin: \_\_\_\_\_ Approximate finish date: \_\_\_\_\_

Signature of Applicant or Agent \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF MAYFIELD  
BUILDING PERMIT FEE SCHEDULE**

Residential (New Home)	First 1000 Square Feet, or fraction thereof, \$150.00, add \$5.00 for each additional 100 Square Feet or fraction thereof.
Residential (Addition)	First 100 Square Feet, or fraction thereof, of addition or accessory building \$50.00, add \$5.00 for each additional 100 Square Feet or fraction thereof.
Accessory to one-two family Dwellings	Greater than (120 sq ft), but less than (200 sq ft) fifty dollars (\$50); for each additional (100 sq ft) or fraction thereof add five dollars (\$5.00)
Commercial	Fees based on construction costs—see table below

Cost of Project	Fee
Up to \$15,000.00	\$50.00
\$15,001-\$100,000.00	\$4.00 per each additional \$1,000 or fraction thereof
\$100,001.00-\$500,000.00	\$3.00 per each additional \$1,000 or fraction thereof
Above \$500,001.00	\$2.00 per each additional \$1,000 or fraction thereof

THE CITY OF MAYFIELD HAS AN ADDITIONAL PLAN REVIEW FEE FOR ALL PROJECTS THAT ARE COMMERCIAL, INDUSTRIAL OR EDUCATIONAL USE (Any Size) SQUARE FEET, AND MULTI-FAMILY OVER THREE UNITS. THESE FEES ARE THE SAME THAT DEVELOPERS AND CONTRACTORS SENT TO THE STATE PRIOR TO LOCAL REVIEW. THERE IS NO PLAN REVIEW FEE FOR ANY PROJECT THAT IS STILL REQUIRED TO BE SUBMITTED TO THE STATE. PLAN REVIEW FEE FOR REMODEL OF EXISTING BUILDING WILL BE COST OF PROJECT TIMES \$.0025.

**PLAN REVIEW FEES**

Occupancy Type	Cost per Square Foot
Residential **	7.5 cents
Assembly occupancies	8.5 cents
Day care centers	7.5 cents
Educational	7.5 cents
Institutional	8.5 cents
Business	7.5 cents
Mercantile	7.5 cents
Industrial Factories	6.25 cents
Warehouses	5.5 cents
Frozen food plants	6.5 cents
All other non-residential	6.5 cents
** Excludes single-family dwellings and duplexes	

**TABLE 121.3.9  
AUTOMATIC SPRINKLER REVIEW FEE TABLE**

NO. OF SPRINKLERS	FEE
4-200	\$150.00
201-300	\$175.00
301-400	\$210.00
401-750	\$250.00
OVER 750	\$250.00 PLUS 20 CENTS PER SPRINKLER OVER 750

**BUILDING PLAN REVIEW CHECKLIST**

**THE FOLLOWING IS A COMPREHENSIVE LISTING OF WHAT DOCUMENTATION SHOULD BE SUBMITTED FOR A COMPLETE PLAN REVIEW:**

- 1) A title block which includes:
  - Type of construction (Chapter 6 KBC)
  - Use Group (Chapter 3 KBC)
  - List of all installed fire protection systems
  - List of all design options
- 2) Site plan (106.2 KBC)
- 3) Site survey (106.2 KBC)
- 4) Complete building plans showing use of all areas
- 5) All appropriate wall, floor and foundation sections
- 6) Complete door schedule with catalog cuts for all doors and hardware (including locksets)
- 7) Complete window and glazing schedule
- 8) Complete interior finish schedule with flame spread ratings
- 9) Complete specifications
- 10) List of all rated assemblies (include diagram of assembly and U.L. or G.A. 600 design number)
- 11) Details showing all accessibility requirements (Chapter 11 KBC & Federal ADA Regulations)
- 12) Floor plan showing location of aisles, storage systems, industrial equipment etc., where applicable
- 13) Statement indicating shop drawings will be submitted for all fire protection systems
- 14) Fire suppression design criteria
- 15) Electrical plans (Show location of exits and means of egress lighting)
- 16) List all design loads for the building
- 17) Complete information for all special occupancy requirements (Atrium, high rise and covered mall)
- 18) Complete information for all special structures (sky lights, roof panels, awnings, etc.)
- 19) Earthquake Design Data and letter of special inspections, where applicable, by Chapter 16 of the KBC
- 20) Signed and Sealed plans (when required by KRS 322/323) (see table 122.1 "Design Professional Seals" KBC)
- 21) Sequence of operations for all special systems (smoke control, elevator recall, etc.)
- 22) Statement describing erosion prevention measures being taken (i.e. silt fences, straw bails, etc.)

**YOU WILL HAVE TO CHECK WITH THE AUTHORITY HAVING JURISDICTION TO FIND OUT HOW MANY SETS OF PLANS AND SPECIFICATIONS ARE REQUIRED.**