

OFFICE USE ONLY: BGMU \_\_\_\_\_ WCWD \_\_\_\_\_

Filing Date: \_\_\_\_\_



City of Bowling Green  
Neighborhood and Community Services  
707 E. Main Ave  
Bowling Green, KY 42101  
Phone: 270-393-3676 & 270-393-3615  
Fax: 270-393-3223  
[www.bgky.org](http://www.bgky.org)  
Email: [building.division@bgky.org](mailto:building.division@bgky.org)

**BUILDING PERMIT APPLICATION**

**Office Use Only**

*Please Print Clearly in Ink or Type*

Permit#	BC	2025- Use Group: _____ Const. Type: _____
	BR	
	SR	

**PERMIT LOCATION**

Permit Address \_\_\_\_\_ Suite/Unit/Apt \_\_\_\_\_ Zip Code \_\_\_\_\_

Subdivision \_\_\_\_\_ Project/Development Name \_\_\_\_\_

Lot # \_\_\_\_\_ Building # \_\_\_\_\_

**PROJECT INFORMATION \*REQUIRED\***

General Description of Work Being Performed \_\_\_\_\_

Building will be... Residential  Commercial

Construction will be... New  Addition  Alteration

Square Footage: Existing \_\_\_\_\_ New \_\_\_\_\_ Construction Cost \$ \_\_\_\_\_

# of New Units \_\_\_\_\_ # of Stories \_\_\_\_\_ Basement  Yes  No



Scan for Permit Requirements

**APPLICANT INFORMATION \*REQUIRED\***

Applicant \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**\*Check ALL that apply to Applicant's Role:**  Property Owner  Contractor  Other \_\_\_\_\_

Primary Contact \_\_\_\_\_ Office Phone \_\_\_\_\_

Email \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

**CONTRACTOR INFORMATION \*REQUIRED IF NOT THE APPLICANT\***

Contractor License Name **ONLY** \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Primary Contact \_\_\_\_\_

**PROPERTY OWNER INFORMATION \*REQUIRED IF NOT THE APPLICANT\***

Owner Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Suite/Unit/Apt # \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**\*\*\*SIGNATURE REQUIRED ON SECOND PAGE\*\*\***

### Soil Disturbance Information

Disturbed Soil Area: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Disturbed Area \_\_\_\_\_

Total Disturbed Area less than 750 sq/ft? Yes  No

If yes, Sketch Plan is sufficient for application

Total Disturbed Area between 750 sq/ft to 43,560 sq/ft (1 acre)? Yes  No

If yes, the following documents are required:

- Professional Plot Plan
- Standard SWPPP Form
- Name and ID of EPSC Certified Contractor

**\*\*IF OVER 1 ACRE DISTURBED  
REQUIRES CDR APPROVAL  
THROUGH P&Z\*\***



Scan for Permit  
Requirements

**Total Disturbed Area greater than 43,560 sq/ft (1 acre)?** Yes  No

If Yes, the following is required:

### **Comprehensive Development Review (CDR) with City County Planning Commission (CCPC)**

<https://www.warrenpc.org/development-review/> Phone: 270-842-1953

For additional information please refer to the Public Works Stormwater Quality Application Guide.

### Impervious Area

Impervious Area: Length \_\_\_\_\_ Width \_\_\_\_\_ Total Area \_\_\_\_\_

Impervious Area should include building footprint, driveway and parking areas.

Is the new Impervious Area greater than 10,000 sq/ft & disturbs greater than 43,560 sq/ft (1 acre)? Yes  No

If Yes, the following is required:

### **Comprehensive Development Review (CDR) with City County Planning Commission (CCPC)**

<https://www.warrenpc.org/development-review/> Phone: 270-842-1953

For additional information refer to the Public Works Stormwater Quality Application Guide.

### **I, the Applicant of this Permit do hereby understand the following:**

1. **\*\*\*A drawing is required with this permit application. If submitting through e-mail, application, drawings or plans must be in PDF format. There are multiple offices involved in approving the application, they need to see the type of work you will be doing in order to approve your application.\*\*\***
2. This Permit will be approved when **ALL** Reviews have been completed and approved.
3. The Building Division may issue the Permit or Phases of the Permit with **Conditions**.
4. It will be the Applicant's responsibility to meet **ALL** conditions required for Plan Review Approval.
5. Work cannot commence until the Permit is issued by the Building Division and **ALL** fees have been paid.
6. Kentucky Building Code, Current Edition with referenced Codes and City Ordinances will govern this Permit.
7. A list of Sub-Contractors must be submitted to Occupational License Division prior to the issuance of this Permit.
8. It is the contractor's responsibility to call for inspections.
9. To the best of my knowledge **ALL** information given herein is true.

**REQUIRED SIGNATURE** \_\_\_\_\_

**Date** \_\_\_\_\_

# Standard Erosion Prevention and Sediment Control Plan

Permit No. \_\_\_\_\_

**This form can serve as the EPSC plan if the following conditions are met:**

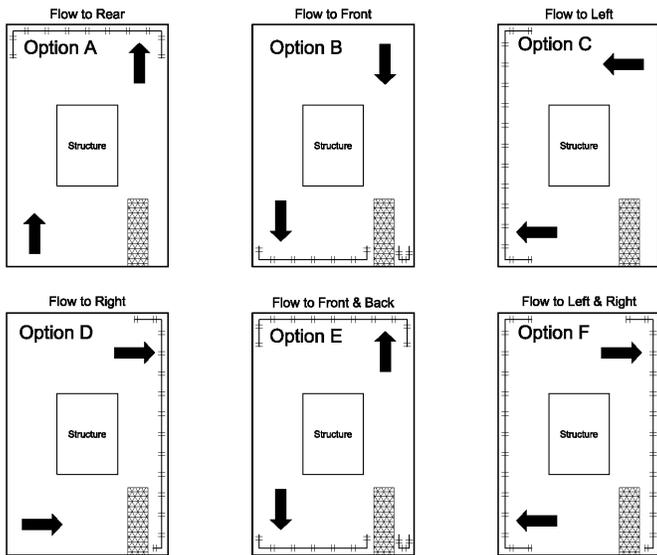
- Disturbs less than 1 acre, and
- Contains no critical slope or flood hazard areas.

***If these condition aren't met a detailed EPSC plan prepared by an appropriate professional will be required.***

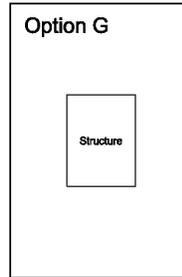
## Erosion Prevention Sediment Control (EPSC) Site Plan

The most appropriate EPSC plan for my site from the options below is \_\_\_\_\_ or a combination of \_\_\_\_\_ & \_\_\_\_\_

If the site has sinkhole, drainage inlets, streams, or will have excavated materials stored onsite, please indicate the location and additional BMPs on the selection below.



For Option G, show flow lines and proposed EPSC measures.

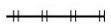


Legend:

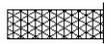
Direction of Flow



Sediment Management  
(silt fence or other)



Construction Entrance



Certified Contractor: \_\_\_\_\_

Certification No. \_\_\_\_\_

### STANDARD CONDITIONS

The applicant will comply with the following conditions:

- EPSC must be installed to prevent off-site sedimentation.
- Perimeter controls shall be in place prior to beginning construction.
- All EPSC measures shall be installed and maintained as specified in the City of Bowling Green's BMP Manual.
- The contractor shall be responsible for keeping streets, drainage structures, streams and other properties free of sediment and other construction materials generated by this project.
- Areas at final grade must be seeded and stabilized within 14 days. Disturbed areas not at final grade must be stabilized within 21 days.
- Upon final stabilization (with at least 80% coverage), EPSC measures must be removed.

The undersigned hereby certifies that he/she will follow the Plot Plan EPSC Plan as described above and will protect all storm drainage structures on this lot. Furthermore, the undersigned will fully comply with the specifications in the City of Bowling Green's BMP Manual and Storm Water Management Ordinance. The undersigned will take all necessary actions to prevent off-site sedimentation from occurring. Once the building permit is issued, this document becomes an enforceable EPSC plan for the project site.

**Applicant's Signature**

**Applicant's Printed Name**

**Date**



**City of Bowling Green, Kentucky**  
 Department of Finance  
 Division of Occupational Licensing  
 1017 College Street, Bowling Green, KY 42101  
 Phone 270.393.3000 \* Fax 270.393.3636  
[www.bgky.org](http://www.bgky.org)

Permit # \_\_\_\_\_ Jobsite: \_\_\_\_\_

General Contractor/Construction Manager: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner/Developer: \_\_\_\_\_

**Note: Please remember, a subcontractor is any person or company hired to perform work that is not issued a W2 form. Only persons receiving an actual W2 are considered your employees.**

**PROPERTY OWNER DOING ALL THE WORK**

\_\_\_\_\_ As the owner of the above site address, I will be doing all the work for the project listed on the above permit number. I understand that if I hire someone else to do any work, I will need to complete a subcontractor list prior to receiving final approval from the City Building Division and if I do not do so, it may hold up the final approvals and issuance of occupancy permits.

**OR GENERAL CONTRACTOR DOING ALL THE WORK**

\_\_\_\_\_ There will be no subcontractors on this job. I, or a W2 employee of my company will perform all the work at this site.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*This form has been provided as a convenience to the general contractor to provide a list of sub contractors. If the general maintains a list that provides the information requested on this form, it can be submitted instead. Please provide as much contact information as available at this time. If only a partial list is available at the time of application, an updated list must be provided as it becomes available. \*\***

Subcontractor Business Name: \_\_\_\_\_ City License (if known) \_\_\_\_\_

Sub Address \_\_\_\_\_

Sub Phone Number: \_\_\_\_\_ Sub Fax: \_\_\_\_\_

Subcontractor Business Name: \_\_\_\_\_ City License (if known) \_\_\_\_\_

Sub Address \_\_\_\_\_

Sub Phone Number: \_\_\_\_\_ Sub Fax: \_\_\_\_\_

Subcontractor Business Name: \_\_\_\_\_ City License (if known) \_\_\_\_\_

Sub Address \_\_\_\_\_

Sub Phone Number: \_\_\_\_\_ Sub Fax: \_\_\_\_\_

Permit # \_\_\_\_\_ Jobsite: \_\_\_\_\_

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