

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
Email: building.division@bgky.org

BUILDING PERMIT APPLICATION

Office Use Only

Please Print Clearly in Ink or Type

Permit#	BC	2024- 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

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 _____

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****

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. 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:

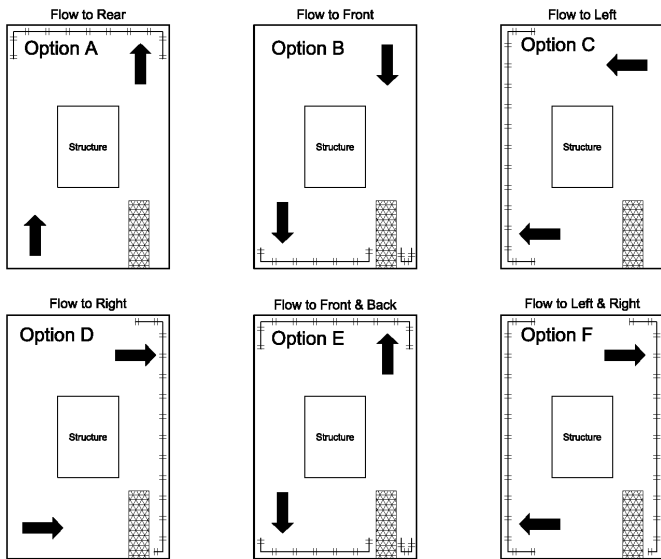
- Disturbs less than 1 acre, and
- Contains no critical slope or flood hazard areas.

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

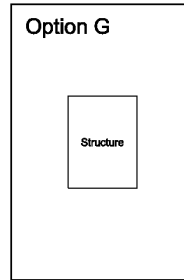
Erosion Prevention Sediment Control (EPSC) Site Plan

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.

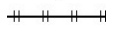


Legend:

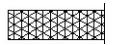
Direction of Flow



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

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: _____

Subcontractor Business Name: _____ City License (if known) _____

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