

**RESIDENTIAL AND COMMERCIAL BUILDING CODE ENFORCEMENT
CITY OF FULTON, KENTUCKY**

340 BROWDER STREET P.O. Box 1350
FULTON, KENTUCKY 42041
(270) 472-1432

PLAN REVIEW & FEE WORKSHEET

(FEES ARE NOT CHARGED WHEN THE SOLE PURPOSE IS TO REPAIR PLUMBING)

FEE PAID BY: _____ COMPANY: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ REGARDING CASE (IF KNOWN): _____ BUSINESS NAME: _____ PROJECT NAME: _____ PROJECT LOCATION: _____ STREET: _____ CITY: _____ COUNTY: _____	DATE: _____ CHECK #: _____ CHECK AMT: \$ _____
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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. _____ X TOTAL AREA (SEE SCHEDULE) _____ = FEE \$ _____

ADDITIONS TO EXISTING BUILDINGS:

COST PER SQ. FT. _____ X TOTAL AREA IN ADDITION (SEE SCHEDULE) _____ = FEE \$ _____

ALTERATIONS, REPAIRS OR RENOVATIONS:

.0025 X COST OF ALTERATIONS ----- = FEE \$ _____

TOTAL THIS SECTION \$ _____

INCLUDE FEES FOR SPECIAL PLANS IDENTIFIED ONLY WHEN PAYMENT AND PLANS ARE SUBMITTED. ALL FEES ARE LOCATED IN THE FEE SCHEDULE.

SPRINKLER _____ FOAM SUPPRESSION _____ CO2 SUPPRESSION _____

FIRE DETECTION _____ COMMERCIAL HOODS _____ HALON SUPPRESSION _____

STANDPIPE _____ DRY CHEMICAL SYSTEM _____ HAZARDOUS MATERIALS TANK _____

When submitting plans to the Office OF Building Code Enforcement, BE SURE TO INCLUDE a copy of this worksheet and A check rounded to the nearest dollar. Please make the check payable to the **City of Fulton**. make SURE project NAME and location are documented on the check and on each copy of plans to ensure all documents are kept together and you receive proper credit. SUBMIT all documents TO The: **City of Fulton, ATTN: Building Code Enforcement, 340 Browder Street, Fulton, Kentucky 42041**

PLAN APPLICATION FORM

APPLICATION DATE: _____

NOTE: COMPLETE ALL APPLICABLE SPACES

PLEASE TYPE OR PRINT CLEARLY

NAME OF PERSON: _____ SUBMITTING PLANS _____ COMPANY _____	CHECK HERE IF BUILDING CODE REVIEW FEE INCLUDED <input type="checkbox"/> PHONE () _____				
PROJECT NAME (NOTE: IF TENANT SPACE OR AREA OF LARGER FACILITY, INDICATE BOTH) _____ WITHIN CITY LIMITS? YES _____ No _____ PROJECT ADDRESS: (NOTE: DO NOT USE A P.O. BOX OR POSTAL ROUTE) _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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OWNER: _____ PHONE () _____ CONTACT PERSON: _____ PHONE () _____ ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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ARCHITECT: _____ PHONE: () _____ CONTACT PERSON: _____ PHONE: () _____ ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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ENGINEER: _____ PHONE: () _____ CONTACT PERSON: _____ PHONE: () _____ ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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CONTRACTOR: _____ PHONE: () _____ CONTACT PERSON: _____ PHONE: () _____ ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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CONSTRUCTION CONTRACT ADMINISTRATOR: _____ PHONE: () _____ (REQUIRED FOR ALL ARCHITECT PROJECTS PER KRS 323) CONTACT PERSON: _____ PHONE: () _____ ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: center;">NUMBER & STREET</td> <td style="width: 25%; text-align: center;">CITY</td> <td style="width: 20%; text-align: center;">STATE</td> <td style="width: 20%; text-align: center;">ZIP</td> </tr> </table>		NUMBER & STREET	CITY	STATE	ZIP
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BUILDING INFORMATION

Building Use (ie. Sales, Assembly, Factory, etc) _____ Number of Buildings in this Submittal _____

This Project is: (circle one) New Building New Addition Renovation Only Renovation & Addition

Total square feet in the: new construction _____ sqft of existing structure _____ Total sq feet all levels: _____
 (outside dimensions of all floors) (including basment)

Date construction to begin: _____ Estimated completion date: _____

Note: The project must be started within six months after plan approval, otherwise this approval and permits become invalid.

TYPE OF SUBMITTALS

BUILDING SUBMITTALS (CHECK ALL INSPECTION ARE REQUESTED)

Building Code Inspections

- Full Building Approval
- Site and Foundation Approval
- Partial Evaluation (specify please)

Two sets of paper drawings and one digital set must be Submitted to the office of Building Code Enforcement

Plumbing Code Inspections

- Plumbing approval only
- Water supply approval
- Waste water approval
- Other (specify please)

SHOP DRAWING SUBMITTALS (CHECK THE TYPE OF INSPECTIONS REQUIRED)

- Fire suppression system
(spinkler, CO2, ect.)
- Alarm System
- Boiler
- Bleachers

- Range Hood
- Fuel Tank
- Elevator
- Pool
- Truss

SUBMIT TWO HARD COPIES AND ONE DIGITAL COPY OF ALL PLANS REQUIRED FOR THIS JOB.

BE SURE THAT AN ORIGINAL OF THIS FORM OR A COPY OF THIS FORM IS ATTACHED TO EACH SET OF PLANS SUBMITTED OR RESUBMITTED.