

# PLAN APPLICATION FORM

**CITY OF BEREA**  
**CODES ENFORCEMENT OFFICE**  
212 CHESTNUT STREET  
BEREA, KY 40403  
PHONE 859.986.8528 FAX 859.986.7657

Complete all applicable spaces.

Today's Date: \_\_\_\_\_

<b>Name of person submitting plans</b> _____ Company _____	
Mailing Address _____	City _____ State _____ Zip _____
Phone _____	Email _____
Is the Plan Review Fee included with the plans? yes [ ] no	
<b>Business &amp; Project Name</b> _____	
Project Address _____	City _____ State _____ Zip _____
<b>Owner (Individual)</b> _____ <b>(Company)</b> _____	
Mailing Address _____	City _____ State _____ Zip _____
Phone _____	Email _____
<b>Architect (Name &amp; Firm)</b> _____ Phone _____	
Mailing Address _____	City _____ State _____ Zip _____
Phone _____	Email _____
As the architect listed above, I am responsible for construction contract administration yes [ ] no [ ]	
<b>NOTE: DESIGN CERTIFICATION REQUIRED.</b> All buildings or structures requiring professional design (Architect or Engineer) by Section 122 of the 2013 KBC shall include a statement from the design professional in responsible charge indicating the Seismic Design Category for this specific site and the applicability of seismic bracing requirement for architectural, mechanical and electrical components and a statement to that effect shall be included with the initial construction documents submitted to the building code official.	
<b>Engineer (Name &amp; Firm)</b> _____ Phone _____	
Mailing Address _____	City _____ State _____ Zip _____
Phone _____	Email _____

Project Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

**BUILDING INFORMATION**

Number of buildings in this submittal \_\_\_\_\_  
 Use of building(s) i.e. restaurant, office, storage, or other (please specify) \_\_\_\_\_  
 Building(s) in this project is/are  new freestanding  addition to existing building  
 renovation  renovation & addition  
 Total area in new building or addition \_\_\_\_\_ SF  
 Number of levels (including basement) \_\_\_\_\_ Basement  yes  no  
 Total area of existing building \_\_\_\_\_ SF Date construction to begin \_\_\_\_\_  
 Estimated completion date \_\_\_\_\_

**TYPE OF PLAN SUBMITTALS (check type requested at this time)**

**Building Plan Submittals** Full Building Review  Expedited Site & Foundation   
**Shop Drawing Plan Submittals (Submit one set of plans for the following)**  
 Suppression System (Sprinkler, CO2)  Range Hood System  Fuel Tank   
 Alarm System  Bleacher Seating  Swimming Pool  Prefabricated Truss

**Plan Submittal Notes:**  
**Number of plan sets to be submitted: A plan set consists of 1 plan and 1 plan application form**  
**KRS Chapters 322 & 323 should be consulted to determine the requirements for a Registered Design Professional such as an Architect and/or Engineer**

**Flood Plain**

Is this property in the flood plain yes  no   
 If yes, please attach a copy of the approval from the State Division of Water

**PLEASE ATTACH A COMPLETED PLAN REVIEW FEE WORKSHEET**