

1. A Plan Submission Application Guide (PSAG) describing the plan submission procedures is available upon request. Copies may be obtained by calling or writing to the Department of Housing, Buildings and Construction, Division of Building Code Enforcement or the Division of Plumbing. Our telephone numbers are: Building Codes 502/573-0373 or Plumbing 502/573-0397. Local Boards of Health should also be aware of these procedures.
2. KRS Chapters 322 & 323 should be consulted to determine the requirements for a Registered Design Professional such as an Architect and / or Engineer
3. **PLUMBING:** Plumbing installations shall be made in conformance with the State Plumbing Code. The plumbing systems shall be shown in plan view and elevation view (Riser Diagram). These plans shall indicate the location of all fixtures, water distribution system and soil, waste & vent pipe systems. The size and material of all soil, waste & vent piping shall be clearly stated on the plans.
4. Check the regulations that may be applicable to the building type, such as: Kentucky Food Services Regulation, Kentucky Youth Camp Regulation, Kentucky Retail Food Market Regulation, etc..

???? HOW MANY SETS OF PLANS TO SUBMIT ????

I. **NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED:** Of the number of plan sets required, at least one shall be a complete set of construction documents and the remaining sets may consist of plumbing plans only. **Note: When submitting plans for specialized systems such as fire alarm or fire sprinkler systems, only one(1) set of plans is required. Any plan submittal that does not involve plumbing should only have one(1) plan for the Division of Building Code Enforcement.**

NOTE: A plan set consists of 1 plan and 1 plan application form.

NOTE: When copying this form it is not necessary to copy this side.

- 1) Counties or Cities not listed below - One(1) complete plan set and three (3) plumbing plan sets for a total of four (4) plan sets----- _____
- 2) a) If in the city limits of Louisville - One(1) complete plan set and five (5) plumbing plan sets for a total of six (6) plan sets----- _____
 b) If in Jefferson County and not within Louisville City Limits -
 One(1) complete plan set and four(4) plumbing plan sets for total of five (5) sets----- _____

NOTE: ALWAYS CHECK TO SEE IF ARCHITECTURAL REVIEW IS REQUIRED IN FRANKFORT BY THE DIVISION OF BUILDING CODES

TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED----- _____

II. **ADDITIONAL PLAN SETS REQUIRED:**

- 1) Project has a swimming pool - add one (1) plumbing plan set----- _____
- 2) Project has a private water supply - add one (1) plumbing plan set----- _____
- 3) Project has a private sewage disposal system with treated effluent - add one (1) plumbing plan set----- _____

TOTAL NUMBER OF PLAN SETS REQUIRED TO BE SUBMITTED----- _____

SPECIAL PERMITS ARE REQUIRED FOR WATER SUPPLY AND WASTE WATER DISCHARGE PROJECTS

Applications and fees are required to be submitted to the Department of Housing, Buildings and Construction or the Division of Water of the Natural Resources Cabinet for the following facilities:

1. **WASTE WATER DISCHARGE PROJECTS**
 - a. Private packaged treatment plant with surface discharge.
 - b. Sanitary sewer extension that includes a manhole or lift station.
 - c. Extension or addition to a sanitary sewer district with no building structures involved.
 - d. Individual pre-treatment facilities.
2. **WATER SUPPLY PROJECTS**
 - a. Private water supply to individual structure (**Excluding Single Family Dwellings**).
 - b. Addition to city or county water districts.
 - c. Water supply treatment plants

TO OBTAIN SPECIAL APPLICATION FORMS AND TO DETERMINE IF A FEE IS REQUIRED, CONTACT THE NATURAL RESOURCES/ DIVISION OF WATER IN FRANKFORT @ 502/564-3410

If this project involves a plumbing system or plan related to a structure (building) approval, submit one(1) complete plan set and four(4) plumbing plan sets to the following:
 NOTE: One of the plumbing plan sets will be forwarded to the Division of Water.

DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5405

502/573-0397

If this project **does not** involve a plumbing system or a structure (building) approval, submit four(4) plumbing plan sets and appropriate fee to:

DIVISION OF WATER
 18 REILLY ROAD, FRANKFORT OFFICE PARK
 FRANKFORT, KENTUCKY 40601
 502/564-3410



PLAN APPLICATION FORM
 COMMONWEALTH OF KENTUCKY
 DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
 DIVISION OF BUILDING CODE ENFORCEMENT & DIVISION OF PLUMBING
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5405
BUILDING CODES: 502/ 573-0373 PLUMBING: 502/ 573-0397



NOTE: Complete all applicable spaces Please type or print
 REV.6/2008

Today's Date: _____

NAME OF PERSON SUBMITTING PLANS _____ PHONE () _____ **IS THE BCE PLAN REVIEW FEE INCLUDED WITH PLANS? (circle one)** YES NO
MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

BUSINESS & PROJECT NAME:
 (Or tenant name if multi-tenant building) _____
PROJECT LOCATION: _____
 NO./ STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes) CITY ZIP CODE COUNTY

OWNER (INDIVIDUAL & COMPANY): _____ PHONE () _____
MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE
ARCHITECT (NAME & FIRM) _____ PHONE () _____

I, AS THE ARCHITECT LISTED ABOVE, AM RESPONSIBLE FOR CONSTRUCTION CONTRACT ADMINISTRATION. YES NO
MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

ENGINEER (NAME & FIRM) _____ PHONE () _____
MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

PROJECT CONTRACTOR: _____ PHONE () _____
MAILING ADDRESS: _____
 NUMBER / STREET, HWY, ROAD or P. O. BOX CITY STATE ZIP CODE

BUILDING INFORMATION

NUMBER OF BUILDINGS IN THIS SUBMITTAL: _____ **USE OF BUILDING(S)** ie...restaurant, office, classroom, storage or other (please specify) _____
BUILDING(S) IN THIS PROJECT IS / ARE: NEW FREESTANDING BUILDING NEW ADDITION TO EXISTING STRUCTURE RENOVATION ONLY RENOVATION & ADDITION
TOTAL AREA IN NEW BLDG. OR ADDITION: _____ FT² **NUMBER OF LEVELS (INCLUDING BASEMENT)** _____ **BASEMENT** YES NO
TOTAL AREA IN EXISTING BLDG.: _____ FT² **DATE CONSTRUCTION TO BEGIN:** _____ **ESTIMATED COMPLETION DATE:** _____

TYPE OF PLAN SUBMITTALS

BUILDING PLAN SUBMITTALS (Check the type of evaluations requested at this time)		SHOP DRAWING PLAN SUBMITTALS (Check the type of evaluations requested at this time)	
BUILDING PLAN REVIEW (BCE)		PLUMBING PLAN REVIEW	
Full Building Review <input type="checkbox"/>	Expedited Site & Foundation Review <input type="checkbox"/>	Plumbing Review ONLY <input type="checkbox"/>	Water Supply Review <input type="checkbox"/>
Partial Evaluation (please specify) _____ <input type="checkbox"/>	_____ <input type="checkbox"/>	Waste Water Review <input type="checkbox"/>	Other (please specify) _____ <input type="checkbox"/>
Suppression System (Sprinkler, CO ₂ , Etc.) <input type="checkbox"/>	Alarm Systems <input type="checkbox"/>	Boiler System <input type="checkbox"/>	Bleacher Seating <input type="checkbox"/>
Range Hood System <input type="checkbox"/>	Fuel Tank <input type="checkbox"/>	Elevator <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>
		Prefabricated Truss <input type="checkbox"/>	

SUBMIT ONLY ONE SET FOR BCE SEE BACK OF THIS FORM FOR PLUMBING PLAN SET REQUIREMENTS SUBMIT ONLY ONE SET OF PLANS FOR THE ABOVE

THE INFORMATION IN THIS SECTION IS FOR THE DIVISION OF PLUMBING (TO BE COMPLETED BY PERSON SUBMITTING PLANS)

DESIGN CAPACITY OF BUILDING: NO. OF MALES _____ NO. OF FEMALES _____ **ARE RESTROOMS ACCESSIBLE TO PUBLIC ?** YES NO
SEWAGE DISPOSAL: **TYPE:** MUNICIPAL PRIVATE **ARE RESTROOMS ACCESSIBLE TO DISABLED ?** YES NO
WATER SUPPLY: PUBLIC DRILLED WELL CISTERN HAULED WATER ROOF WATER SPRING STREAM
 IF PRIVATE, INDICATE THE TYPE AND THE DESIGN: _____
BY WHOM: _____
 NAME TITLE REGISTRATION NUMBER

THIS SECTION TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT OFFICIAL (Must be completed prior to sending Plumbing Plans to Frankfort)

THIS AREA FOR DEPARTMENT USE ONLY

REVIEWED BY: _____
 NAME DATE: _____
 TITLE
APPROVED BY: _____
 COUNTY OR DISTRICT
 HEALTH DEPARTMENT: _____