PERMIT APPLICATION PADLICAH FIRE DEPARTMENT

PADUCAH FIRE DEPARTMENT FIRE PREVENTION DIVISION 300 SOUTH 5TH STREET



OFFICE USE ONLY				
DATE RECEIVED:	PERMIT #:			
DATE ISSUED:	EXPIRES:			
COMMERCIAL:	RESIDENTIAL:			
RECEIVED BY:	ISSUED BY:			

P. O. BOX 2267

PADUCAH KY 42002-2267

(Phone) 270-444-8527 (Fax) 270-444-8582							
TYPE OF PERMIT							
☐ Single Family Dwelling	☐ Duplex	☐ Accessory B	uilding	☐ New Construction	☐ Addition/Alteration/Replace		
☐ Electrical Only	☐ Commercial	□ Raze		☐ Fence	☐ Other		
JOB SITE INFORMATION							
Job Address:							
Description of Work:							
OWNE	R / APPLICANT			PERMIT V	ALUATION		
Name:							
Address:			Value (of Improvements:			
City:	State:	Zip:					
Phone: E-mail:	Fax:	Cell:	Building Construction				
	L CONTRACTOR	en.	Electrical				
Business Name:			Mechanical				
Address:							
City:	State:	Zip:	O then.				
Phone:	Fax:	s-II.	Total V	alue of Improvements	s \$		
E-mail:	AL CONTRACTOR	ell:		-			
Business Name:	AL CONTRACTOR						
Address:				-	be required to complete this		
City:	State:	Zip:	applica	ation.			
	CE #:	ME #:		OFFIC	CE USE ONLY		
E-mail:		Cell:		OFFIC	LE USE UNLY		
Business Name:	CAL CONTRACTOR		Buildin	g Fee			
Address:				cal Fee			
City:	State:	Zip:					
Phone:	HMO #:	•			·····		
E-mail:							
I benebu sentifutbet the more		h a ::	Sprinkl	er Fee			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner							
to make this application as h		-	Other		······		
to conform to all applicable laws of this jurisdiction.			Total F	ees	\$		
Authorized Signature:							
Print Name:	Date	e:	Approv	ved By			