



**City of Bellevue**  
**616 Poplar Street, 41073, (859) 431-8866, FAX (859) 261-8387**  
**Permit Application**

TYPE: (Check all that apply)

- |                                      |                                      |                               |
|--------------------------------------|--------------------------------------|-------------------------------|
| <input type="checkbox"/> DEMOLITION  | <input type="checkbox"/> PARKING PAD | <input type="checkbox"/> SHED |
| <input type="checkbox"/> DRIVEWAY    | <input type="checkbox"/> PATIO       | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> ELECTRIC    | <input type="checkbox"/> PLUMBING    |                               |
| <input type="checkbox"/> OTHER _____ |                                      |                               |

- Property Address: \_\_\_\_\_
- Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bellevue Occupational License #: \_\_\_\_\_
- HVAC Contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bellevue Occupational License #: \_\_\_\_\_ State License #: \_\_\_\_\_
- Electrician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bellevue Occupational License #: \_\_\_\_\_ NKEA License #: \_\_\_\_\_
- Plumber: \_\_\_\_\_  
Phone: \_\_\_\_\_ Bellevue Occupational License #: \_\_\_\_\_ State License #: \_\_\_\_\_
- TOTAL ESTIMATED COST OF PROJECT (LABOR AND MATERIALS): \$** \_\_\_\_\_
- The owner of this property and undersigned do hereby certify that the information and statements given on this application, drawings, and specifications are to the best of their knowledge, true and correct.

Signature of Applicant \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with House Bill 1 of the 1996 Extra Session of the General Assembly, you are required to have Proof of Worker's Compensation Insurance or a signed affidavit stating the individual is exempt from the state worker's compensation laws, prior to the issuance of the permit.

**DO NOT WRITE BELOW THIS LINE [OFFICE USE]**

**APPROVAL AND FEES**

- FEES:
 

Zoning	\$ _____
Building	\$ _____
Other	\$ _____
Cert. Of Occupancy	\$ _____
Total	\$ _____
Fee Received	\$ _____

2. ZONE: \_\_\_\_\_

3. CONDITIONS OF APPROVAL  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**ZONING ADMINISTRATOR      DATE**

\_\_\_\_\_  
**BUILDING INSPECTOR      DATE**