Franklin-Simpson Planning & Zoning

PLAN REVIEW DATA — Single Family, Duplex, Townhouses

Building Code : Kentucky Residential Code 2002 (KRC)

Permit #: Date:

Owner_____ Phone_____Builder_____Phone_____

Site address_____

Name & phone # of person responsible for scheduling inspections. (please print)_____

Footer size_____ Footer Depth below grade (minimum 24")_____

Foundation type : ☐Slab ☐Crawl Space ☐Basement Basement Type: ☐Unfinished ☐Finished

Pier spacing_____ Girder size/type_____

Termite protection: ☐certified pretreat ☐additional_____

Floor joists : First floor type_____span_____ size_____spacing_____O.C.

Second floor type_____span_____size_____spacing_____O.C.

Other_____

Floor sheathing : type/thickness_____ Roof sheathing : type/thickness_____

Studs: size_____length_____spacing_____

Ceiling Joist: size_____span_____spacing_____O.C. Attic Storage? ☐yes ☐no

Rafters: standard size_____span_____spacing_____O.C. Trusses ☐yes ☐no (must be pre-engineered)

Attached Garage: ☐storage above ☐bonus room above Joists: size_____span_____spacing_____O.C.

Roofing Materials: ☐asphalt shingle ☐metal (minimum sheathing 5/8" plywood) ☐other_____

Attic Ventilation: ☐soffit vents ☐ridge vents ☐gable end vents ☐static roof vents #_____ ☐other_____

Exterior Wall Finish: ☐brick veneer ☐siding_____ ☐vinyl siding ☐ other_____

Safety Glazing: Within 24" of a door ☐yes ☐no Glazing in tub area ☐yes ☐no Glazing larger than 9 sq. ft. ☐yes ☐no

Fireplace: ☐yes ☐no &/or ☐masonry site built ☐factory built ☐stove ☐Decorative Gas Appliance ☐vented ☐unvented

Heating & Cooling: ☐gas ☐electric ☐other_____ Location_____

KRC Energy Compliance: ☐Prescriptive Building Envelope Requirements per Table N1102.1 (KRC 2002)
☐Systems Analysis

NOTES:

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PLAN REVIEW DATA

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THIS PAGE FOR DEPARTMENT USE

NOTES:
Number of Bedrooms _____

☐HVAC permit required? ☐HVAC permit issued # _____

INSPECTIONS:

☐ ☐ Zoning & Bldg_____

☐ ☐ Footing_____

☐ ☐ Foundation_____

☐ ☐ Framing_____

☐ ☐ HVAC_____

☐ ☐ Final_____

☐ ☐ Additional_____

☐ ☐ Approved for Certificate of Occupancy_____

☐ ☐ Issue Temporary Certificate of Occupancy to expire _____

NOTES:

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