

Meade County Zoning Office

516 Fairway Drive Brandenburg, Kentucky 40108 Phone: 270-422-4676 FAX: 270-422-4845

Certification of Contractor / Subcontractor for Building Permits

I hereby certify and affirm that the work being performed pursuant to the building permit issued for

(Description of Work)

At: _____

(Location of Job Site)

will be performed by the following contractor(s):

ELECTRICAL:

Name of Contractor : _____

(Enter SELF) of all work will performed **by you personally**

Contractor License #: _____ License Expiration Date: _____

Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Contractor KY Unemployment Insurance Account #: _____

PLUMBING:

Name of Contractor : _____

(Enter SELF) of all work will performed by you personally)

Contractor License #: _____ License Expiration Date: _____

Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Contractor KY Unemployment Insurance Account #: _____

SEPTIC:

Name of Contractor : _____

Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Contractor KY Unemployment Insurance Account #: _____

BUILDING / CONSTRUCTION:

Name of Contractor : _____

Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Contractor KY Unemployment Insurance Account #: _____

SUBCONTRACTOR:

Name of Sub-Contractor : _____

General Contractor for this Sub: _____

Sub-Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Sub-Contractor KY Unemployment Insurance Account #: _____

Name of Sub-Contractor : _____

General Contractor for this Sub: _____

Sub-Contractor Workers Comp Carrier (Attach Certificate of Insurance): _____

Sub-Contractor KY Unemployment Insurance Account #: _____

I understand that I must provide certification that each contractor and/or subcontractor maintains current KY Workers Compensation Insurance and Kentucky Unemployment Insurance or is not required to do so under Kentucky law for all work performed under this building permit. I further understand that if contractors are substituted or added to this project I must provide the contractor information to the Planning and Zoning office immediately to preclude invalidation of my permit.

Signature of Permit Applicant

(Date)

Subscribed and sworn before me this _____ day of _____, 20_____ in Meade County, Commonwealth of Kentucky.