

# 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.