



# BUILDING PERMIT APPLICATION

Code Services - 521 Market Street / P.O. Box 928 - Emporia KS 66801

Office # (620)343-4270  
# For Inspection's  
(620)343-4274

Clearly print information on front & back of application.

Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Job Address \_\_\_\_\_  
Street # \_\_\_\_\_ Street Name \_\_\_\_\_ Apt # or Suffix \_\_\_\_\_

Total Sq. Ft. Area \_\_\_\_\_ Total Living Area \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Estimated Cost \_\_\_\_\_  
(Residential Only)

Description Of Work To Be Done \_\_\_\_\_

Mail Permit To \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Mail Water Bill To \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**NOTE:**

- Prior to a stake-out inspection, all property pins must be located and building stakes must be in place. If unable to locate the property pins, a legal survey shall be made, marked and presented to the building department.
- Separate permits shall be required for all the work required for, mechanical, electrical, plumbing, and other permits before work begins.
- The structure must have a final inspection and approval prior to occupancy. (Certificate of Occupancy)
- This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if work or construction is suspended or abandoned for a period of 180 days at any time after work is commenced.
- Demolition permits shall expire 60 days from date of issuance.
- **An Emporia licensed general contractor or an Emporia Certified Building Supervisor shall be on this site during all construction of framing and roofing.**
- **A stop work order shall be given if the general contractor or building supervisor is not on site during framing and roofing.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further agree to save the City of Emporia, Kansas harmless from all costs and damages which may result due to the issuance of this permit and any changes in the structure will be brought to the building official's attention for approval.

Date \_\_\_\_\_ (Owner, owner's authorized agent or the General Contractor) Signature of Applicant \_\_\_\_\_

You shall put your Kansas roofing registration number on each permit pulled as per the Attorney General's Office requirement.

Kansas Roofing Contractor Registration # \_\_\_\_\_



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"For Official Use Only"

Y=yes N=no N/A=not applicable

Date Issued \_\_\_\_\_ Zoning Dist \_\_\_\_\_ Zoning Use \_\_\_\_\_ Project Type \_\_\_\_\_ Valuation \_\_\_\_\_  
 City / County Permit \_\_\_\_\_ Permit Fee \_\_\_\_\_ Receipt # \_\_\_\_\_ Const Type \_\_\_\_\_ Occup Use \_\_\_\_\_  
 Lagoon **Y / N** #Dwelling Units \_\_\_\_\_ Enterprise Zone **Y / N** Permit Issued By \_\_\_\_\_ Water Bill Info Needed **Y / N**  
 Stormwater **Y / N** Historical **Y / N** Flood Plain **Y / N** Off-street Parking **Y / N** Variance Granted/Attached

**SPECIAL APPROVAL FROM THE FOLLOWING DEPARTMENTS MAY BE NEEDED BEFORE THE PERMIT SHALL BE ISSUED**

- |                     |                              |                                   |            |                 |
|---------------------|------------------------------|-----------------------------------|------------|-----------------|
| 1. Zoning           | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |
| 2. Engineering      | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |
| 3. Fire             | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |
| 4. Water            | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |
| 5. Westar           | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |
| 6. Lyon Cnty Health | N/A <input type="checkbox"/> | Approved <input type="checkbox"/> | Date _____ | Signature _____ |

**Request to:**

Construct  Addition  Remodel  Repair  Demolish  Other \_\_\_\_\_

**Structure Constructed of:**

Wood  Masonry  Steel  Other \_\_\_\_\_

**Square Foot Finished Area:**

1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ Addtl Floor \_\_\_\_\_ Total Sq. Ft. Finished Area \_\_\_\_\_

Basement Y / N Finished Sq. Ft. \_\_\_\_\_ Unfinished Sq. Ft. \_\_\_\_\_

Garage Y / N Attached Sq. Ft. \_\_\_\_\_ Detached Sq. Ft. \_\_\_\_\_

Carport Y / N Attached Sq. Ft. \_\_\_\_\_ Detached Sq. Ft. \_\_\_\_\_

**Lot Dimension:** \_\_\_\_\_ X \_\_\_\_\_ Total Area \_\_\_\_\_

**(New Residential Construction Only)**

# of Bedrooms: Main Floor \_\_\_\_\_ 2<sup>nd</sup> Floor \_\_\_\_\_ Basement \_\_\_\_\_ Other \_\_\_\_\_

**Construction Material Data**

**Footing:** Type \_\_\_\_\_ Size \_\_\_\_\_ **Foundation:** Type \_\_\_\_\_ Size \_\_\_\_\_

**Floor System:** Truss  Framed  Species \_\_\_\_\_ Grade \_\_\_\_\_ Size \_\_\_\_\_ Span \_\_\_\_\_ OC \_\_\_\_\_

**Roof System:** Truss  Framed  Species \_\_\_\_\_ Grade \_\_\_\_\_ Size \_\_\_\_\_ Span \_\_\_\_\_ OC \_\_\_\_\_

**Ceiling System:** Truss  Framed  Species \_\_\_\_\_ Grade \_\_\_\_\_ Size \_\_\_\_\_ Span \_\_\_\_\_ OC \_\_\_\_\_

**Beam:** Type \_\_\_\_\_ Size \_\_\_\_\_ Span \_\_\_\_\_

**Exterior Wall:** Grade \_\_\_\_\_ Size \_\_\_\_\_ Height \_\_\_\_\_

**Interior Wall:** Grade \_\_\_\_\_ Size \_\_\_\_\_ Height \_\_\_\_\_

**Fire Wall:** Rating \_\_\_\_\_ Location \_\_\_\_\_

**Sprinkler System** Y / N (13 / 13R / 13D)

*All of your contractors listed below shall be licensed with the City of Emporia and pull their own permit before work begins.*

Building Contractor \_\_\_\_\_ Mechanical Contractor \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Concrete Contractor \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Other \_\_\_\_\_

Architect or Engineer \_\_\_\_\_

Individual's Name

Firm Name

Mailing Address

City

State

Zip

Phone #

Fax #

**Plot Plan (Drawn Below or Attached)**

