

BUILDING PERMIT APPLICATION



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

(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:

- γ 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, then a legal survey must be made.
- γ Separate permits are still required to be obtained for electrical, plumbing, HVAC, and other permits.
- γ The structure must have a final inspection and approval prior to occupancy.
- γ 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.
- γ Demolition permits shall expire 60 days from date of issuance.
- γ **An Emporia licensed general contractor or an Emporia Certified Building Supervisor shall be on this site during all construction of framing and roofing.**
- γ 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 _____ 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 # _____



"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 _____
 Lagoon⁶ _____ # Dwelling Units _____ Enterprise Zone _____ Permit Issued By _____ Water Bill Info Needed⁴ _____
 Stormwater² _____ Historical¹ _____ Flood Plain¹ _____ Off-street Parking¹ _____ Variance Granted/Attached¹ G _____

¹ Zoning	N/A G	Approved G	Date _____	Signature _____
² Engineering	N/A G	Approved G	Date _____	Signature _____
³ Fire	N/A G	Approved G	Date _____	Signature _____
⁴ Water	N/A G	Approved G	Date _____	Signature _____
⁵ Westar	N/A G	Approved G	Date _____	Signature _____
⁶ Lyon Cnty Health	N/A G	Approved G	Date _____	Signature _____

Circle Inspections Required

- | | | | |
|--------------|---------------|--------------|---------------|
| A1 Stake-Out | C1 Foundation | E1 Sheetrock | 50 Stormwater |
| B1 Footing | 1D R-I Frame | 1F Final | |

Request To:

Construct G Addition G Remodel G Repair G Demolish G Other _____

Structure Constructed Of:

Wood G Masonry G Steel G Other _____

Square Foot Finished Area:

1st Floor _____ 2nd 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 _____ 2nd Floor _____ Basement _____ Other _____

Construction Material Data

Footing: Type _____ Size _____ **Foundation:** Type _____ Size _____

Floor System: Truss G Framed G Species _____ Grade _____ Size _____ Span _____ OC _____

Roof System: Truss G Framed G Species _____ Grade _____ Size _____ Span _____ OC _____

Ceiling System: Truss G Framed G Species _____ Grade _____ Size _____ Span _____ OC _____

Beam: Type _____ Size _____ Span _____

Exterior Wall: Grade _____ Size _____ Height _____

Interior Wall: Grade _____ Size _____ Height _____

Fire Wall: Rating _____ Location _____

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)