

Building Permit Application

City of Council Grove, Kansas

To be completed by Applicant...

Owner

Job Address

Job Address:			
Owner:		Phone:	
Mailing Address :	City:	State:	Zip:
Contractor:		License No.:	
Mailing Address:		Phone:	
Mailing Address:		City:	State: Zip:
Use of Building:		Area (ft ²):	
Class of Work (circle):	New	Addition	Alteration
	Repair	Move	Remove
Describe Work:			
Valuation of work: \$			

NOTICE

Separate permits are required for electrical, plumbing, mechanical and building. This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. 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.

Permit not validated until Permit Fee is paid.

OFFICE USE ONLY

Use Zone:		Code Edition:	
Construction Type:		Occupancy Group:	
Max. Occ. Load		Division:	
No. of Stories:		No. of Dwelling Units:	
No. of Off-Street Parking Spaces		Fire Sprinklers Required:	Yes No

Signature of Contractor <i>or Authorized Agent</i>	Date
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Signature of Owner <i>(if owner builder)</i>	Date
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OFFICE USE ONLY

Special Conditions:	
Permit No.:	Approval Date:

SPECIAL APPROVALS:	REQUIRED: (YES/NO)	RECEIVED: (date)
Zoning Board:		
Health Department:		
Fire Department:		
KS Historical Society:		
KDOT:		
US Army Corps of Engineers		
City Council:		
Other (specify)		

Approved By:	PERMIT FEE: \$
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