

**APPLICATION FOR CONSTRUCTION PERMIT
CITY OF ARKANSAS CITY, KANSAS**

Date:	Permit Number:	KS State Roofing #:	Permit Fee:	Plan Review Fee:	Total Fee:
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TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> CURB CUT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FENCE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ROOFING <input type="checkbox"/> SIGN
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JOB ADDRESS:		Zone:
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Owner:	Address:	Phone:
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Contractor:	Electrician:	HVAC:	Plumber:
Phone Number:	USE OF BUILDING RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/>		

CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE
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Construction Type:	Occupancy Class:	Occupant Load:	Number of Stories:	Project Size:	Lot Size:	Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO	Floodplain Zone & Elevation:
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WORK DESCRIPTION:

SPECIAL CONDITIONS:

IF A PERMIT IS APPLIED FOR, AND INSPECTION MUST BE SCHEDULE AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTIONS: 620-441-4420

VALUATION (INCLUDE ALL LABOR AND MATERIALS):

NOTE:

That the said building shall be demolished, constructed, remodeled, or repaired in accordance with all the requirements of the laws of the state of Kansas and the ordinances of the City of Arkansas City relative to fire regulations, subdivision regulations, zoning and all other regulations controlling such work, in a substantial and workmanlike manner and according to the recognized standard methods of construction employed for the type and class of building adopted for the building; that the City of Arkansas City shall be held harmless from any and all loss and expense or liability of any kind whatsoever which the city may suffer, including all costs incurred in the defense of any suit or action resulting from the issuance of this permit, or because of the demolition of the said building or construction, thereof, or by any reason of any act or thing done by virtue of this permit.

Before starting any excavation, Kansas One Call must be contacted at 1-800-344-7233. An Asbestos Inspection may be required. Contact the Kansas Department of Health and Environment, Asbestos Control Section, 1-785-296-1550 for information. If required, a copy of the Asbestos Inspection Report shall be submitted to the Building Official prior to any work being performed.

Work may be stopped or permit canceled by building official for just cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

 X
(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

____/____/____
DATE

(ICC PERMIT TECHNICIAN SIGNATURE)

____/____/____
DATE