

## CITY OF HAYSVILLE Public Works Department

401 S. Jane PO Box 404 Haysville, KS 67060

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## **Building Permit Application**

1.	Job Address:					
2.	Legal Description: Lot Block	Addition_				
3.	Class of Work: □ New □ Addition □ A	Alteration	□ Repair	□ Move	□ Remove	
4.	Describe Work:					
5.	Area of Building: Dwelling Space				Square Feet	
	Basement (Finished)				Square Feet	
	Basement (Unfinished	i)			Square Feet	
	Garage				Square Feet	
	Other				Square Feet	
	TOTAL				Square Feet	
6.	Flood Zone: Base Floo	od Elevatior	1	Minimu	ım Pad Elevatior	1
	(A, AH, X, Shaded X, Other)		FEMA MAP	_		(If applicable, lowest opening to be certified by a licensed surveyor)
	If improvements are located in Zones A or AH,	additional	permits and/	or an elevat	ion certificate m	
Sne	ecial Approvals:   REQUIRED  RECEIVE	ח				
7.	Estimated Value of Improvements				Permit Fee	\$
	Lift Station Fees (if applicable)				Sewer Tap	\$
	Other	\$			Water Tap	\$
					Trades	\$
					TOTAL	\$
8.	Property Owner	Addre	ess			Phone #
	Building Contractor Business Name					Phone #
	Electrical Contractor Business Name					Phone #
	Plumbing Contractor Business Name					Phone #
	Mechanical Contractor Business Name					Phone #
ONS PAYS HIS S OOT HER	ICE: SEPARATE PERMITS SHALL BE REQUIRED FOR ELECTRICA STRUCTION AUTHORIZED HAD NOT COMMENCED WITHIN 18 AT ANY TIME AFTER WORK HAS COMMENCED.  STRUCTURE MUST COMPLY WITH ALL PHASES OF BUILDING, TINGS, FOUNDATION, FRAMING, ELECTRICAL, PLUMBING, MEBY CERTIFY THAT I HAVE READ AND EXAMINED THIS PERMICENING THIS TYPE OF WORK WILL BE COMPLIED WITH WHE	80 DAYS, OR, IF i, PLUMBING, N IECHANICAL AN	F CONSTRUCTIO MECHANICAL, EL ND FINAL – OR N	ON OF WORK IS  LECTRICAL AND  NO CERTIFICATE  BE TRUE AND CO	SUSPENDED OR ABA FIRE CODES. PLEASE OF OCCUPANCY WI ORRECT. ALL PROVIS	E CALL FOR INSPECTIONS - ILL BE ISSUED. SIONS OF LAWS AND ORDINANCES
ONS	HORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OT STRUCTION.  Hature:	_				PERFORMANCE OF
1811	ature:		E USE ONLY		Date	
Dat	te/Time Application Received:				Receipt #	
App	proved by:		_ Permit I	ssue Date:		

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