

Building and Codes Department  
509 5th Street  
PO Box 37  
Osawatomie, Kansas 66064  
(913) 755 - 2146  
codes@osawatomieks.org



City Hall  
439 Main Street  
PO Box 37  
Osawatomie, Kansas 66064  
(913) 755 - 2146  
info@osawatomieks.org

## BUILDING PERMIT APPLICATION

Permit No. \_\_\_\_\_ Job Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Type ☐ New ☐ Addition ☐ Remodel of Existing ☐ Tenant Finish ☐ Grading Only ☐ HVAC Only ☐ Electrical Only  
☐ Plumbing ☐ Footing/Foundation Only ☐ Fence ☐ Other \_\_\_\_\_

Description \_\_\_\_\_

Contractor	Contractor Name	License Number	Contact Number
General/Builder	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Foundation	_____	_____	_____
Other	_____	_____	_____

Use \_\_\_\_\_ ☐ Single Story ☐ Multi Story Fire Sprinklers? Yes No

Square Footage 1st Floor \_\_\_\_\_ 2nd Floor \_\_\_\_\_ Basement \_\_\_\_\_ Other \_\_\_\_\_  
Garage \_\_\_\_\_ Decks/Covered Porch \_\_\_\_\_ Total Sq. Ft. \_\_\_\_\_

Setbacks Provided: \_\_\_\_\_ Street Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard

Utilities ☐ City Water ☐ Rural Water ☐ City Sewer ☐ Septic Estimated Construction Value \$ \_\_\_\_\_

### STAFF USE ONLY

Zoning District \_\_\_\_\_ Setbacks Required: \_\_\_\_\_ Street Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard

Sidewalk Required? ☐ Yes ☐ No Landscaping Escrow Required? ☐ Yes ☐ No Amount \$ \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

### City Application Requirements:

☐ Residential Building & Site Plans – 2 copies ☐ Commercial Building & Site Plans – 3 copies ☐ Right-of-Way Permit  
☐ Contractor Licenses Verified Septic Permit No. \_\_\_\_\_ Highway Entrance Permit No. \_\_\_\_\_

I hereby affirm that the above statements are true and correct and also agree to comply with all provisions of the building code and other applicable ordinances or laws. Applications will not be processed until all requested information has been provided

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Building Inspector Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS, OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANY TIME AFTER WORK IS STARTED. PERMITS SHALL BE RENEWED ANNUALLY. DEMOLITION MUST BE COMPLETED WITHIN 90 DAYS.

[www.osawatomieks.org](http://www.osawatomieks.org)

Fees	
Building	_____
Mechanical	_____
Electric	_____
Plumbing	_____
Water Service	_____
Sewer Service	_____
Other	_____
Re-Roof	_____
Plan Review	_____
Materials	_____
Total	_____