



CITY OF WILLIAMSBURG, KANSAS
PO Box 414
WILLIAMSBURG, KANSAS 66095
785-746-5578

RESIDENTIAL BUILDING PERMIT APPLICATION

Applicant to complete this section:

Site Address: _____

Lot #: _____ Block #: _____ Subdivision: _____

Property Owner: _____

Address/Phone # _____

General Contractor: _____

Address/Phone #: _____

License #: _____

Electrical Contractor: _____

Address/Phone #: _____

License #: _____

Plumbing Contractor: _____

Address/Phone #: _____

License #: _____

Mechanical Contractor: _____

Address/Phone #: _____

License #: _____

CLASS OF WORK

New Addition Other _____

Describe Work

Value of Project: \$ _____ Square Footage: _____

TYPE OF STRUCTURE:

Single Family Site Built Manufactured House Duplex
 Modular Home Manufactured House, Residential Design

NOTE: Property owner or applicant is submitting accurate information. **The City does NOT certify boundary lines.** Applications are approved based on measurements provided.

CONSTRUCTION DETAILS:

Number of Stories: _____ Basement Unfinished Sq. Ft. _____
1st Floor Sq. Ft. _____ Basement Finished Sq. Ft. _____
2nd Floor Sq. Ft. _____ Building Footprint Sq. Ft. _____
3rd Floor Sq. Ft. _____ Garage Sq. Ft. _____

Basement Type: Full Daylight Walk-out Crawl Space

Footing Type: Trench Spread Pier

Framing Type: Wood Metal Other _____
 Exterior Wall Cover _____

Flooring Structure: Conventional Wood Slab on Grade Engineered Truss I-Joist
 Other _____

Roof Structure: Engineered Truss Conventional Framing

Will there be electrical or plumbing work? Electrical _____ Plumbing: _____

Is property located in flood plain area? Yes No

Will a new water tap be required? Yes No

Will a new sewer tap be required? Yes No

SETBACKS: Is your location on a corner lot? Yes No

_____ feet from the front property line (15 feet from property line)

_____ feet from the side yard property line (10 feet from property line)

_____ feet from the side yard property line (10 feet from property line)

_____ feet from the back property line (20 feet from property line)

Does structure exceed 35 feet high Yes No

Estimated Starting Date: _____ Completion Date: _____

IMPORTANT: Attach a separate sheet showing structure dimensions and location on the lot. Indicate all setbacks, public or private easements, height of structure, and parking (if applicable). The property owner or agent is responsible for the accuracy and verification of all dimensions given, as well as any legal surveying if needed.

A residential site plan is required. See attached checklist.

Site Plan Attached? Yes No

Applicant Please Read

I hereby certify that I have read and examined this application and know the same to be true and correct. **I hereby certify that I have been authorized by the owner to act as his/her agent in applying for and obtaining this permit prior to work being initiated.** 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. **PERMITS ISSUED WILL BECOME NULL AND VOID NINETY (90) DAYS AFTER THE DATE ON WHICH IT IS ISSUED UNLESS SUCH NINETY (90) DAY PERIOD CONSTRUCTION, BUILDING, MOVING, REMODELING, OR RECONSTRUCTION OF A STRUCTURE IS COMMENCED OR A USE IS COMMENCED. A BUILDING PERMIT SHALL EXPIRE UPON ISSUANCE OF THE CERTIFICATE OF OCCUPANCY AS SPECIFIED HEREIN, OR WITHIN ONE (1) YEAR FROM THE DATE OF ISSUANCE OF THE CERTIFICATE, REGARDLESS OF THE STATE OF COMPLETION OF THE CONSTRUCTION AUTHORIZED BY SAID PERMIT. ANY CONSTRUCTION NOT COMPLETED WHEN A BUILDING PERMIT EXPIRES SHALL CEASE AND NO NEW CONSTRUCTION MAY COMMENCE UNTIL SUCH TIME AS A NEW PERMIT MAY BE ISSUED IN CONFORMACE WITH THIS ARTICLE AND THESE REGULATIONS.**

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY:

<u>Type of Construction:</u>		<u># of Stories</u>		<u>Type</u>	<u>Fee</u>
1 st Flr. Sq. Ft.		# Dwelling Units		Building Permit	
2 nd Flr. Sq. Ft.		Garage Sq. Ft.		Electrical Inspection	
3 rd Flr. Sq. Ft.				Water Meter Size	
Bsmt. Sq. Ft.				Water System Connection	
Bldg. Sq. Ft.				Sewer System Connection	
Special Instructions: _____				Water Tap Inspection	
_____				Sewer Tap Inspection	

Approved by: _____		Date Approved: _____		Total Permit Fee	

Permit # : _____ Date Issued: _____ Cash/ Check # _____