

# City of Sedgwick, Kansas

## Application for Building Permit

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Application is hereby made for a permit to: \_\_\_\_\_  
(Erect, Remodel, Add To, Move, Demolish)

Located at (street address): \_\_\_\_\_

Legal Description: \_\_\_\_\_

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In accordance with the following description, in conformance with all provisions and law in effect pertaining thereto.

Existing use: \_\_\_\_\_ Proposed use: \_\_\_\_\_ Estimated cost: \_\_\_\_\_

**Lot Information:**

**Street Frontage:** \_\_\_\_\_

Width \_\_\_\_\_

Depth \_\_\_\_\_

Area \_\_\_\_\_

**Sanitation Information:**

Sewer ..... Private \_\_\_\_\_ Public \_\_\_\_\_

Water..... Private \_\_\_\_\_ Public \_\_\_\_\_

**Building Information:**

Width \_\_\_\_\_

Depth \_\_\_\_\_

Height \_\_\_\_\_

Floors (number) \_\_\_\_\_

**Floor Area Sq. Ft.:** \_\_\_\_\_

Total % Lot Coverage:

If residential, number of dwelling units

Basement: Yes \_\_\_ No \_\_\_ Floor Elevation \_\_\_\_\_

**Setback Information:**

	Actual	Required
Front Yard	_____	_____
Side Yard	_____	_____
Rear Yard	_____	_____

**Number of Off-Street Parking:**

Actual	Required
_____	_____

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that the above statements are true and correct and agree to comply with all ordinances and law pertaining to and governing the construction, alterations, extensions, or removal of buildings described in this application. I do hereby grant the City's Representative access to the premises to determine compliance with local codes and ordinances.

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The applicant shall be responsible for providing all necessary surveys and information sufficient to insure conformance with all Zoning Regulations. Local Codes and Ordinances. The applicant shall also be responsible for compliance with the City's current adopted Building, Plumbing, Electrical and Mechanical Regulations. Permits when issued, do not nullify any deed restriction validly filed of record. For nonconformance, the designated City Official, may in writing stop or restrict work. The jurisdiction shall have alleged deficiencies inspected within 48 hours by a licensed contractor in the field at the applicant's expense. If construction of any type on the project continues before sited deficiencies are corrected, the designated City Official may revoke any or all permits at the time. This permit shall be effective for one (1) year following issuance date.

**Building Permit shall be displayed in a prominent place during construction**

Owner or Representative's Signature:

Address:

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

\_\_\_\_\_

Print Name

**FOR OFFICE USE ONLY**

**ISSUANCE OF BUILDING PERMIT**

This building permit is hereby issued to: \_\_\_\_\_

For the Purpose of: \_\_\_\_\_

\*\*\*\*\*

This building permit is Denied by: \_\_\_\_\_

For the Reasons of: \_\_\_\_\_

\_\_\_\_\_

***Payment Information***

Permit Fee: \$ \_\_\_\_\_

Inspection Fee: \$ \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

Minimum Pad Elevation Req'd: \_\_\_\_\_

Plumbing: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Mechanical: \$ \_\_\_\_\_

Sewer Tap: \$ \_\_\_\_\_

Meter 3/4", 1", or 2": \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Administrator Signature

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Please provide the structures and/or accessory buildings to the following diagram or attach a diagram/blue prints to this permit.

Length of lot: \_\_\_\_\_

Width of lot: \_\_\_\_\_

Scale = \_\_\_\_\_

