

City of Eudora, Building Inspection Department
 5th & Oak St., P.O. Box 650 - Eudora, KS 66025 — Phone (785) 542-3124, Fax (785) 542-2180

PERMIT APPLICATION

Applicant to complete this section:

JOB ADDRESS	
LOT #	BLOCK #
SUBDIVISION	
USE OF BUILDING	
OWNER	ADDRESS/PHONE #
CONTRACTOR	ADDRESS/PHONE #
CLASS OF WORK:	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR <input type="checkbox"/> OTHER

DESCRIBE WORK & VALUATION:

LEGAL DESCRIPTIONS	CHARACTERISTICS OF BUILDING
Building Address _____ Subdivision _____ Block _____ Lot No. _____ Depth _____ Acres _____ Lot Size-Width _____	Zoning District _____ Number of Stories _____ Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Assembly <input type="checkbox"/>
BUILDING AREA Basement Area _____ Sq. Ft. Basement Unfinished _____ Basement Finished _____ Floor Area (First Floor) _____ Sq. Ft. Second Floor Area _____ Sq. Ft. Garage _____ Sq. Ft. Other _____ Sq. Ft. TOTAL _____ Sq. Ft.	SETBACKS Front _____ ft. Side _____ ft. Rear _____ ft. PRINCIPAL STRUCTURE TYPE Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel <input type="checkbox"/> Rein. Concrete <input type="checkbox"/> Other (Specify) _____

SIGNATURE OF OWNER/CONTRACTOR _____ **DATE** _____

NOTICE
 This permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced.

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

Codes Administrator to complete this section:

BUILDING PERMIT FEES		ELECTRIC PERMIT FEES		PLUMBING PERMIT FEES	
Type of Construction:	No.	Description	Fee	No.	Description
Occ. Group: _____ Division: _____		Temp. Power <input type="checkbox"/> Pole <input type="checkbox"/> Undgd.			Water Meter Set <input type="checkbox"/> 3/4" <input type="checkbox"/> 1"
Size of Bldg. (Total) _____ Sq. Ft.		Service <input type="checkbox"/> New <input type="checkbox"/> Change			Water Impact Fee
Basement Finished: _____ Sq. Ft.		AMP Service <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> Other:			Sewer Tap Fee
Basement Unfinished: _____ Sq. Ft.					Sewer Sys. Dev. Fee
Garage: _____ Sq. Ft.					
No. of Stories: _____					
No. of Dwelling Units: _____					
Max. Occ. Load: _____					
Fire Zone: _____					
Use Zone: _____					
Fire Sprinklers Req: Yes No		Tax			Tax
Valuation: \$ _____		Electric Permit Fee			Plumbing Permit Fee
Building Permit Fee _____		Total Electric Fee			Total Plumbing Fee
SPECIAL CONDITIONS			TOTAL PERMIT FEES		
			Building Permit Fee		
			Electric Fee		
			Plumbing Fee		
			Park Impact Fee		
			MUD Bond/Fee		
APPROVED BY _____			FINAL TOTAL		
ISSUE DATE _____			Total Plumbing Fee		