



Development Services Division
 620 SE Madison, Unit 6
 Topeka, Ks, 66607
 Phone: (785) 368-3704
 Fax: (785) 368-1650

1&2 FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION

DATE: _____

Development Services – Application #: _____ Permit fee: \$ _____

PROJECT ADDRESS: _____ Square Footage of Impervious Surface _____
 Estimated Construction cost: _____ Square footage of Construction: _____
 Legal description: Lot(s) _____ Block _____ Subdivision: _____ (Or see Attached) _____

PROJECT/DESCRIPTION:

- | | | |
|---|---|---|
| <input type="checkbox"/> New Single Family Residence <input type="checkbox"/> New Duplex _____ Number of Bedrooms <input type="checkbox"/> Basement Finish <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Attached Carport <input type="checkbox"/> Detached Carport <input type="checkbox"/> Other Detached Structure <input type="checkbox"/> Open Porch <input type="checkbox"/> Enclosed Porch <input type="checkbox"/> Attached Deck | <input type="checkbox"/> Canopy <input type="checkbox"/> Deck/Patio Cover <input type="checkbox"/> Other Exterior Alteration <input type="checkbox"/> Interior Remodel <input type="checkbox"/> Other _____ |
|---|---|---|

Please provide footing/foundation/pier/slab plans, building plans and elevations with notes and details describing building materials – size and spacing of framing materials – for floors, walls and roof construction, support posts, decking, railings, stairs, a dimensioned site plan indicating property lines, easements and public-right-of-ways, location of proposed structure, related paving such as sidewalks, driveways

Services to property: City water service Rural water district Requesting City service
 Septic system Public sanitary sewer Other _____

NOTE: I OWN & OCCUPY THIS EXISTING STRUCTURE (ownership & occupancy must be verified):

- I plan on doing: Plumbing Work Mechanical Work Electrical Work
 If I do the plumbing, mechanical or electrical work, I will need a separate permit for each

APPLICANT:

 (Please Print Name)
I am the:
 Property Owner Contractor
 Other: _____

PROPERTY OWNER:

Name: _____
 Mailing Address: _____
 City: _____ State: ____ Zip: _____
 Phone #'s: _____ Cell: _____
 Fax: _____ Email: _____

BUILDING / GENERAL CONTRACTOR: Company Name: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone #'s: _____ Cell: _____ Fax: _____ Email: _____
 Designated contact person: _____ City License #: _____

Electrical Contractor: Company Name / Phone _____ / () - _____
Plumbing Contractor: Company Name / Phone _____ / () - _____
Mechanical Contractor: Company Name / Phone _____ / () - _____

I understand location of the structure is the responsibility of the contractor and/or owner and that said structure shall be placed in accordance with the approved plan and Topeka zoning regulations. I certify the information provided to be true and correct and agree to comply with all pertinent City of Topeka codes, ordinances and regulations. By the execution of this application, I understand I/the contractor am/is responsible to call for all required inspections and also consent to have the City of Topeka personnel enter onto the premises legally described herein for the purpose of inspecting the premise for compliance with all applicable City codes, during normal business hours. I understand all inspections must be completed and all work approved.

Applicant/Owner Signature _____

Date _____

DEPARTMENT/DIVISION REVIEWS

Is the property on the register of historic places? ___ Yes ___ No Is the property in a designated floodplain? ___ Yes ___ No

| | |
|--|------------------------------|
| Building review: Approved _____ Date _____ | Disapproved _____ Date _____ |
| Site review: Approved _____ Date _____ | Disapproved _____ Date _____ |
| Planning review: Approved _____ Date _____ | Disapproved _____ Date _____ |
| Water review: Approved _____ Date _____ | Disapproved _____ Date _____ |

Comment: _____