



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

DEVELOPMENT SERVICES USE ONLY

DATE: _____ PERMIT FEE: \$ _____

APPLICATION # _____

1 & 2 Family Residential Building Permit Application

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:

New Single Family Residence	Attached Carport	Canopy
New Duplex	Detached Carport	Deck/Patio Cover
_____ Number of Bedrooms	Other Detached Structure	Other Exterior Alteration
Basement Finish	Open Porch	Interior Remodel
Attached Garage	Enclosed Porch	Other _____
Detached Garage	Attached Deck	_____

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

<p align="center">APPLICANT:</p> <p>_____</p> <p align="center"><i>(Please Print Name)</i></p> <p>I am the:</p> <p>Property Owner Contractor Other: _____</p>	<p align="center">PROPERTY OWNER:</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Phone #'s: _____ Cell: _____</p> <p>Fax: _____ Email: _____</p>
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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: _____