



Sedgwick County...
working for you

Permit No: _____

Permit Fee: _____

**Department of Code Enforcement
Building Permit Application**

(316) 660-1840 Fax: (316) 383-7502

Address of Building or Project: _____

Map Quarter Section: _____ Tax Key No. _____

Description of Improvement

BUILDING TO BE USED AS:

| RESIDENTIAL | | COMMERCIAL | TYPE OF IMPROVEMENT |
|--------------------------|--------------------------|----------------------------------|---------------------|
| 1. One family, detached | 8. Roofing and/or siding | 1. Multi Family | 1. New building |
| 2. One family, attached | 9. Pool and/or spa | 2. Commercial building | 2. Additions |
| 3. Two family | 10. Fire damage repair | 3. Structure other than building | 3. Alterations |
| 4. Attached garage | 11. Storage structure | 4. Agriculture Building | 4. Repair |
| 5. Detached garage | 12. Other | | 5. Replacement |
| 6. Addition to residence | 13. Mobile home | | 6. Relocation |
| 7. Remodel of residence | 14. Res. Des. Man. Home | | 7. Demolition |
| | Size | X | |
| | YEAR | MAKE | |

Identification

Work being done for:

Owner: _____ Contractor: _____ Phone: _____

Valuation: _____ County License: _____

Dimensions

| | | | |
|------------------|----------------|----------------|------------------|
| Frontage: | Sq. Ft: | No. Stairways: | No. Bedrooms: |
| Depth: | Unfinished: | Basement-1st: | No. Bathrooms: |
| No. Stories: | Finished Bsmt: | 1st-2nd: | No. Other rooms: |
| | Unfin. Bsmt: | 2nd-Roof: | No. Fireplaces: |
| Basement: | Att. Garage: | | |
| 1. Home | 3. Full | | |
| 2. Partial | Demolition: | | |

Building Characteristics

| Foundation Wall | Size of Joist | Structure | | |
|-------------------|---------------|-------------|-------------|-------------|
| | | Frame | Roof | Floor |
| 1. Wood | 1st floor | 1. Wood | 1. Wood | 1. Wood |
| 2. Concrete | 2nd floor | 2. Concrete | 2. Concrete | 2. Concrete |
| 3. Concrete Block | ceiling | 3. Metal | 3. Metal | 3. Metal |
| 4. Other | | 4. Other | 4. Other | 4. Other |

Covering

| Roof | Exterior walls | | Interior Walls | Water Supply |
|-------------------------|-----------------|-------------------|----------------|------------------------|
| 1. Wood Shingles | 1. Wood | 8. Composition | 1. Drywall | 1. Public |
| 2. Composition Shingles | 2. Concrete | 9. Concrete Block | 2. Plaster | 2. Private |
| 3. Tile | 3. Masonry | 10. Other | 3. Masonry | Sewage Disposal |
| 4. Metal | 4. Metal | | 4. Other | 1. Public |
| 5. Concrete | 5. Brick | | | 2. Septic |
| 6. Built up | 6. Brick Veneer | | | 3. Lagoon |
| 7. Other | 7. Stone Veneer | | | 4. Alt. System |

| Fuel | Furnace Location | Brick Flues | Patented Pipe Flues |
|----------------|------------------|-------------|---------------------|
| 1. Natural Gas | 1. Attic | No. | No. |
| 2. LP | 2. Basement | Size | Size |
| 3. Electric | 3. Closet | | |
| 4. Other | 4. Floor | | |

Zoning Status

| Zoning Classification | Setbacks: | Front Yard | Side Yard | Rear Yard |
|-----------------------|-----------|------------|-----------|-----------|
| | | | | |
| | Other: | | | |