



PERMIT APPLICATION
CITY OF EDWARDSVILLE
 690 South 4th Street, PO Box 13738
 Edwardsville, KS 66113
 913-441-3707 Phone / 913-441-3805 Fax
This is not a Permit for Construction

Permit Fee:	_____
Plan Review Fee:	_____
Inspection Fee:	_____
Flood Plain Cert. Fee:	_____
TOTAL FEE:	_____
Date Paid / Issued:	_____
Permit #:	_____

DATE SUBMITTED/RECIEVED: _____

PROPERTY LOCATION (Address or Parcel ID): _____ GROSS ACREAGE: _____

OWNER/APPLICANT(S): _____ Phone #: _____

Address: _____ E-mail: _____

CONTRACTOR(S): _____ Phone #: _____

Address: _____ E-Mail: _____

TYPE OF CONSTRUCTION: New Addition/Major Remodel Alteration/ Minor Remodel Move-In/Relocation
 Demolition Grading/Excavation R-O-W Driveway/Culvert Septic Utility
 Temporary Other: _____

PROJECT INFORMATION: Total Square Feet: _____ Living Area Square Feet: _____
 Type of Frame: _____ Type of Heating: _____
 Type of Cooling: _____
 Estimated Construction / Project Cost (Materials and Labor): _____
 Estimated Start Date: _____ Estimated Completion Date: _____

TRADE PERMIT: Electrical Plumbing Mechanical

TYPE OF USE:

Residential	Commercial	Industrial	Accessory
<input type="checkbox"/> Single Family	<input type="checkbox"/> Retail	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Garage / Carport
<input type="checkbox"/> Duplex	<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shed / Pole Barn
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Office	<input type="checkbox"/> Office	<input type="checkbox"/> Deck
<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Swimming Pool

Other: _____

OCCUPANCY GROUP: Assembly Health Care/Institutional Business/Mercantile Education/Day Care
 Industrial/Storage High Hazard Lodging/Apartments/Rooming Utility / Misc.

SPRINKLER REQUIRED: Yes No Type: _____

UTILITY PROVISION: Water: Yes No Provider? _____ Sewer: Yes No Provider? _____

Electric: Yes No Provider? _____ Gas: Yes No Provider? _____
 Telecommunications: Yes No Provider? _____

MANUFACTURED HOME INFORMATION:

MH Owner: _____ MH Park / Land Owner: _____
 Address: _____ Lot #: _____ HUD #: _____
 Serial #: _____
 Make / Model: _____ Size _____ MHC # _____

FLOOD ZONE INFORMATION:

FIRM Panel #: _____ Dated: _____ Flood Zone: _____ Base Flood Elevation: _____
 Located in Floodway? Yes No If yes, Engineered No Rise Certificate is required. No Rise Certificate? _____
 Structure to be placed in flood hazard area? Yes No Fill to be placed on property? Yes No
 If located in SFHA:
 Elevation Certificate: Construction Plans _____ Under Construction _____ Finished Construction _____
 Top of Bottom Floor: _____ Lowest Adjacent Grade: _____

ZONING / PLATTING INFORMATION:

Zoning District: _____ Setbacks: Front _____ Rear _____ Side _____ Side _____ Height _____
 Platted Property: Yes No Subdivision: _____ Blk / Lot: _____
 Platting Required: Yes No Site Plan / Architectural Review Required: Yes No

Checklist of attachments submitted with application:

- List of Consultants / Contractors with contact information
- Project Description – including the type of construction / building work proposed (i.e. structural, electrical, plumbing, etc.) and materials to be used for walls, floors, ceilings, roofs and foundations.
- Site Plan (2 full size copies; electronic copy - PDF file: properly dimensioned and labeled locating work to be done on property)
- Building Plan(s) (2 full size copies; electronic copy - PDF file: incorporating all contents required – Cover, Landscape Plan, Architectural / Structural Plan; Electrical Plan; Plumbing Plan; Mechanical Plan, Grading Plan, Storm water / Erosion Control Plan, Utility Plan, etc.)
- Additional information (as required / requested) _____

The Applicant and Owner herein agrees to comply with the regulations for the City of Edwardsville, Kansas as amended and all other pertinent ordinances or resolutions of the City and Statutes of the State of Kansas. It is agreed that all City fees and third party plan review and inspection expenses shall be assumed and paid by the Applicant / Owner. The undersigned further states that he/she is the Owner of the property.

Owner's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____