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**
___Single Family	___Retail	___Warehouse	___Garage / Carport
___Duplex	___Service	___Manufacturing	___Shed / Pole Barn
___Multi-Family	___Office	___Office	___Deck
___Manufactured Home	___Mixed-Use	___Hazardous Material	___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: _____

CITYOF EDWARDSVILLE, KANSAS

EXCAVATE AND/OR CONSTRUCT WITHIN PUBLIC RIGHT-OF-WAY

Application is made under the teams of the Ordinances and Specifications of the City of Edwardsville, Kansas, governing excavation and or construction within the public right-of-way, to accomplish the work herein below described. Applicant hereby agrees to perform said work and restoration of right-of-way in strict accordance with the provision of said City Ordinance and Specifications and further agrees to satisfactorily repair any failure or damage within the right-of-way resulting from the excavation or construction covered under this application.

Applicant agrees to notify Kansas One-Call 1-800-DIG-SAFE before excavation is made.

MUST PROVIDE SKETCH/DRAWLING REQUIRED OF WORK BEING DONE: PROVIDED: Yes ☐ No ☐

CURRENT MAINTENANCE BOND POSTED/PROVIDED: ☐ Yes ☐ No

CURRENT INSURANCE CERTIFICATE PROVDED: ☐ Yes ☐ No

The applicant hereby certifies and agrees as follows: I hereby acknowledge, if the ROW Excavation Permit is granted; (1) I assume all liability pertaining to this excavation and agree to maintain for two 2 years a Performance and Maintenance Bond with the city (if required). (2) I further bind myself to comply with all Building Codes and ordinance governing material, Installation, repair or alteration of utilities. (3) I further agree to indemnify the City of Edwardsville for and hold it harmless from any cost or liabilities arising from excavation identified above or any action connected therewith. (4) I further acknowledge my responsibility and liability to notify all utility companies in advance of excavation and assume all liability for damage to all known and unknown unities by this excavation. (5) I specifically indemnify the City for and hold it harmless from any liabilities to utility companies caused by the excavation. (6) The permitee shall notify the City no less than three 3 working days in advance of any construction, repair, relocation of facilities which would require any street closure or which reduces traffic flow to less than two 2 lanes of moving traffic for more than four 4 hours.

Applicant Signature: _____

Date: _____

(EDWARDSVILLE STAFF USE ONLY)

Required Documentation provided (Drawings, Maintenace Bond, Insurance certificate) Yes ___ No_____

Receipt No._____ Check No._____ Cash_____ Amount_____

___/___/___ Permit NO._____ Authorize Representative / City Clerk By: _____

Application Approval Date

___/___/___

Inspection Date

___/___/___ Inspection Approved By: _____

Completion Date