



Building Permit Application
 715 Railroad St., Downs, KS 67437
 (785) 454-6622; fax (785) 454-6246
cityclerk@cityofdowns.com

Office Use Only:
Permit # _____
Paid Amount \$ _____

Application for building permit, the undersigned hereby makes application with the City of Downs to:

Construct - Alter - Repair - Remove & Replace - Demolish - Other: _____

House - shed - garage - fence - cement construction - Other: _____

Applicant Name: _____ Phone: _____

Permit Location (if different than mailing): _____

Describe Scope of Work: Said building (or fence) will be _____ feet across the front, _____ feet deep, _____ stories high; and to be constructed of _____ with a _____ roof; foundation of _____, and the plot of ground contains _____ square feet.

Contractor(s): _____ Phone: _____

Electrician (if applicable) _____ Phone: _____

Plumber (if applicable) _____ Phone: _____

All contractors, plumbers and electricians shall be licensed with the City of Downs. Exception: a resident home owner may perform his own plumbing and electrical work with the exception of main line tapping.

Building Permit Costs: \$10 fee plus \$1 per thousand dollars of the project. Estimated construction costs shall include all materials and labor. **Estimated Cost:** _____

• **Owner or Contractor must contact Kansas 1-800-DIG SAFE (1-800-344-7233) before proceeding with any type of digging or excavation.**

• **Have you applied for Neighborhood Revitalization through Osborne County? New homes or buildings are eligible.**

I understand and agree that this application in no way establishes or determines the location and boundaries of the above-described property. I hereby acknowledge that I have read this application and state that all the distances and information given on this application is correct, and agree to comply with all city ordinances and state laws regulating building construction and agree to procure all necessary permits. I understand that the requested building permit, if issued, will expire six (6) months from the date of its issuance, unless work is commenced.

SIGNATURE OF OWNER

(DATE)

BUILDING/ZONING OFFICER WILL INSPECT THE BUILDING SIGHT

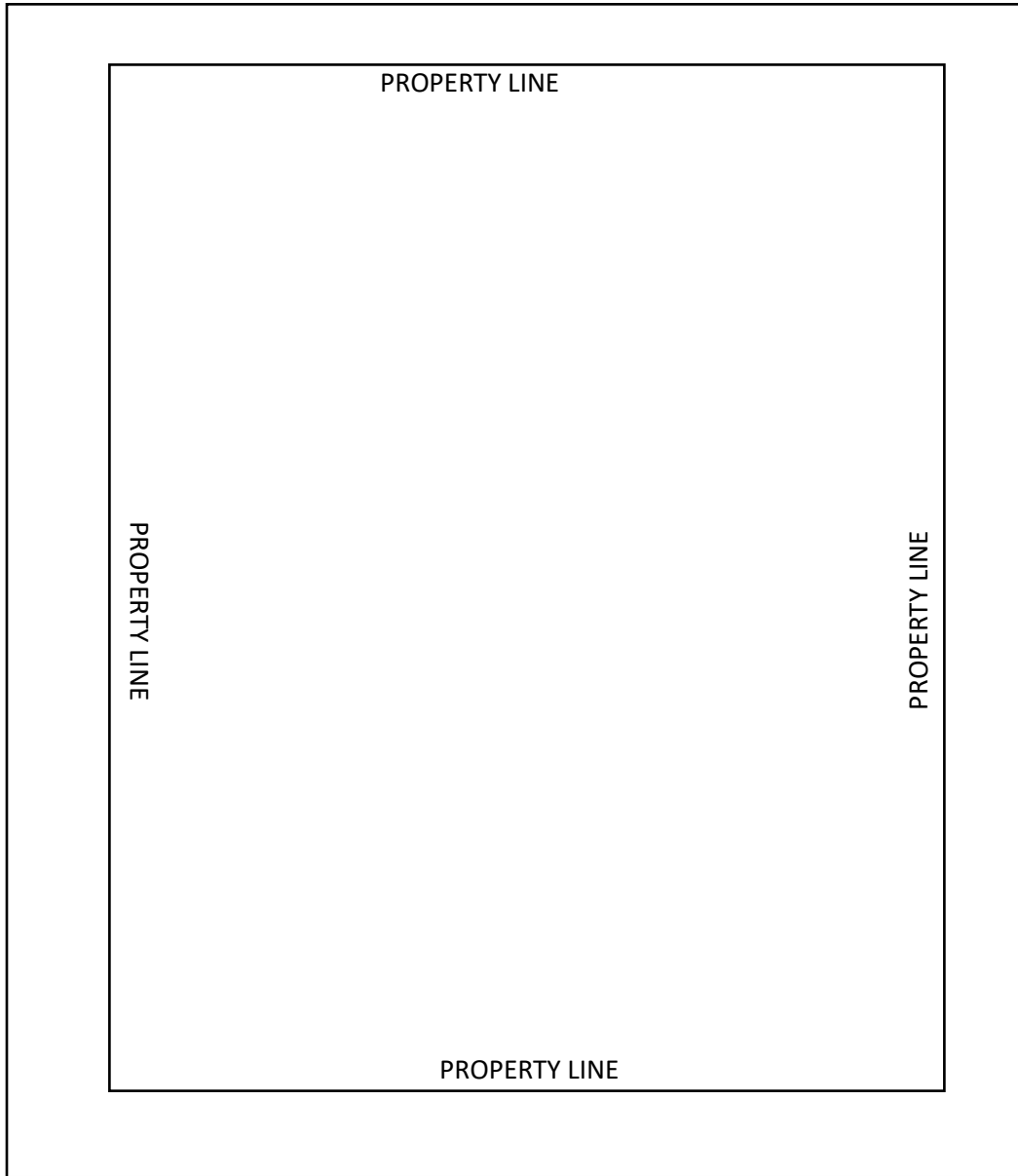
Building/Zoning Inspector Signature: _____ Date: _____

Approved

This _____ day of _____, 20____

Denied

Signature of Governing Body Member



PLOT PLAN

DIRECTIONS:

1. Give dimensions of lot.
2. Give outside dimensions of building
3. Give location of any existing building(s) on lot.
4. Give distance from each lot line to building.
5. Show direction building fronts.
6. Show location of street, if corner lot show both streets.
7. Located in: Business, Semi-Business, Industrial, Residential zone (circle applicable zone)