BUILDING PERMIT APPLICATION

Code Services Department 201 S Pearl Street, Ste. 201, Paola, Kansas 66071-1777 Phone: 913-294-4145 • Fax: 913-294-9545 comdev@miamicountyks.org

TO THE ADMINISTRATOR: The undersigned hereby makes application for a building permit to perform work requiring said permit. The work to be performed is as described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Miami County Building Code regulations and the Model Codes adopted therein.

Property Location (Address or crossro	oads)			
Property Owner Contact Information	1			
Owner:				
Mailing Address:				
City:		State:	Zip:	
Phone:	Fax:		Mobile:	
E-mail:				
Applicant Information (When differe	nt from Owner)			
Company Name:				
Contact Name:				
Mailing Address:				
City:		State:	Zip:	
Phone:	Fax:		Mobile:	
E-mail:				
Licensed Contractors				
License # Name	LOI	License #	Name	LOI
GENERAL:		FOUNDATIO	N:	
ELECTRICAL:		ROOFING:		
MECHANICAL:	_	SITE UTILIT	Y: 	_
PLUMBING:		SPECIAL:		
I LUMBING.		SPECIAL.		
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NOTICE:

A licensed contractor is required to perform work in the trades listed above. Individuals that own and occupy single family residential or agricultural property may perform any work on buildings that are owned and used or occupied by them.

A letter or contract signed by each of the licensed contractors listed above, verifying that they are accepting responsibility for the type of work for which they are licensed shall accompany this application. Failure to provide the required verification from the listed contractors may prevent the application from being accepted.

Any contractor that performs work without a license when a license is required by Miami County Regulations is subject to a fine of up to \$200.00 for each offence. Each day that work continues may be considered a separate offence. Work on projects by unlicensed contractors may result in a Stop Work Order being issued for the project.

An investigation fee equal to the permit fee shall be assessed when any work requiring a permit is started before a permit is issued by the Miami County Code Services Department.

Project Information					
1. Type of Construction: New Construction Addition Repair Remodel Demolish Move Building Other: Value of improvement: \$ Description of Project: Principal Materials to be used		Home	ng cal ing		
in construction of building:					
Dimensions: ft					
		Electrical Service Rating: ☐ Up to 200 Amperes ☐ 201 – 400 Amperes ☐ Over 400 Amperes			
For a Residence:					
Total Basement sq. ft.:		Garage sq. ft.: 🗆 .	Attached Detached		
Finished Space					
(A) 1 st floor sq. ft.:		Stories:			
(B) 2 nd floor sq. ft.:	I	Bedrooms:			
(C) Finished		Bathrooms:			
Total Finished Space (sq. ft.):	(Total Finishe	d Space is the sum of A + B + C	")		
Applicant Certification					
I,	f Miami County and the State tion shall be complied with. fact necessary to the issuance	of Kansas relating to land use, I further understand that any per	building use and		
Written Notification Preference					
How would you like to be notifie	d of plan review comments?	☐ Mail ☐ E-mail ☐ Fax			
Attachments Checklist (see Applie	cation Guidelines)				
Copy of Deed	,	Affidavit Building Use			
Site Plan – 2 Copies		Certification of Agricultural Use			
Building Plans – 2 Sets		Existing Home Affidavit			
Contractor Letters of Intent		Pool Barrier Affidavit			
Affidavit Owner Acting as Contractor		Owner Authorization - Demolition			
Septic System Permit		Owner Authorization - Moving			
Highway Entrar	Highway Entrance Permit		Code Footprint (Commercial Only)		