

**CITY OF HOISINGTON**  
**BUILDING PERMIT APPLICATION**  
109 EAST 1ST.  
HOISINGTON KS. 67544  
(620) - 653 - 4125

APPLICATION DATE: \_\_\_\_\_

PERMIT #:  RECEIPT #: \_\_\_\_\_

**NOTE: THIS PERMIT SHALL EXPIRE IF WORK IS NOT COMMENCED WITHIN 180 DAYS FROM ISSUANCE OF IF WORK IS SUSPENDED FOR 180 DAYS.**

**LOCATION OF BLDING** STREET # \_\_\_\_\_ NAME \_\_\_\_\_ TYPE \_\_\_\_\_ DIR. \_\_\_\_\_

Number & Street: \_\_\_\_\_

LOT: \_\_\_\_\_ Block/Addition: \_\_\_\_\_ ZONING: \_\_\_\_\_

SIDEWALK REQUIRED:  Yes  No

OCCUP. GROUP: \_\_\_\_\_ DIVISION: \_\_\_\_\_ CONST. TYPE: \_\_\_\_\_ FLOOD PLAIN: \_\_\_\_\_

CAMA#

**TYPE AND COST OF BUILDING**

A. TYPE OF IMPROVEMENT:

B. TOTAL OCCUPANCY LOAD: \_\_\_\_\_ C. SEWER IS TO BE TAPPED:  Yes  No

Sewer Wye is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. COST OF IMPROVEMENT: \_\_\_\_\_ E. PRINCIPAL TYPE OF FRAME: \_\_\_\_\_

F. TYPE OF HEATING INSTALLED: \_\_\_\_\_

G. PROPOSED USE:  Residential  Non-Residential  Units

H. FEES: Building: \_\_\_\_\_ Water: \_\_\_\_\_ Sewer Fund: \_\_\_\_\_

Cash or Check: \_\_\_\_\_ Plan Review: \_\_\_\_\_ Total Fees: \_\_\_\_\_

I. DIMENSIONS: Number of Stories without Basement: \_\_\_\_\_

Basement:  Full  Partial  None Garage:  Single  Double  None

Total Floor Area (Basement & Garage): sq. ft.= \_\_\_\_\_ Stormwater: sq. ft.= \_\_\_\_\_

J. INSTALLED:  Fireplace  Elevator  Sprinkler System  Saferoom  
 Wood Stove  Central Air  Manual Fire Alarm System

K. NUMBER OF OFF-STREET PARKING SPACES: Enclosed: \_\_\_\_\_ Outdoors: \_\_\_\_\_ Total: \_\_\_\_\_

L. RESIDENTIAL BUILDINGS ONLY: Bedrooms: \_\_\_\_\_ Bathrooms: Full \_\_\_\_\_ Partial: \_\_\_\_\_

M. INSULATION: Floor: R- \_\_\_\_\_ Ceiling: R- \_\_\_\_\_ Walls: R- \_\_\_\_\_

**IDENTIFICATION (To be completed by all Applicants):**

	Name	Phone
Owner:	.....	.....
Contractor:	.....	.....
Architect:	.....	.....
Plumbing:	.....	.....
Electrical:	.....	.....
Mechanical:	.....	.....
Drainlayer	.....	.....

**Fire Department**

**Code Services**

**Engineering**

Approved  Disapproved     Approved  Disapproved     Approved  Disapproved

**NOTES**

I, the owner/contractor of this property, agree to conform and will require of my contractor(s) to conform to all applicable laws of this Jurisdiction

Permittee: .....

Address: .....



It is our policy to provide individuals with disabilities an equal opportunity to participate in and enjoy the benefits of our services, programs, and activities. In order for us to provide suitable accommodations, we ask that you request whatever assistance is desired by contacting the City Clerk, 109 East First, or call us at (620) - 653 - 4125. We are here to assist you in the registration (application) process as well.