			Fee: \$50.00
234 Main P.O. Box 70 Carbondale, KS 664	BUIL)	FAMILY & DUPLEX DING PERMIT APPL	-
PHONE: 785.836.710	8		
			om the date of approval. f any structure until that time.
Presented by:			
Presented by:Name	(type or print)	Address	Phone
Address of proposed	structure:	Ζο	oned as:
Located in Addition	•	Lots are f	ft wide
			your abstract, your tax statement, fice located in the courthouse.
Owner of Record:			
Nai	me (type or print)	Address	Phone
General Contractor:			
Nai	me (type or print)	Address	Phone
Architect or Design	er:		
Nai	me (type or print)	Address	Phone
CLASS OF WORK			
New	Repair	Addition	Alteration/Remodel
Other			
Describe Work:			
TYPE OF STRUCTURE			
Single Family Duplex	Site Buil ⁻ Modular I		Manufactured House use, Residential Design
Properties zoned as	R1 and R2: No build	ding shall excee	ed thirty-five (35) feet in height.
		-	submitting accurate information. The approved based on measurements

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Value of Project	Square	Footage	
Will there be electrical or plumbing	work?	Electrical	Plumbing
Please indicate Contractor	(type or print)	Address	Phone
Is property located in a floodplain a IF YES, please obtain and complete th			/Application
Will a new water tap be required?	Yes	No	
Will a new sewer tap be required?	Yes	_No	
Will installation of utility lines renearest point to hook on? If yes, complete required forms and p	Yes	No	
SETBACKS: Is location on a corner loc (If yes, the front property line set)		No No both streets	
feet from the front proper feet from side yard proper feet from side yard proper feet from back property 1	rty line (See Ar rty line (See Ar	ticle 5) ticle 5)	
Estimated starting date:	Completio	on date:	
IMPORTANT: Attach a separate sheet should be all setbacks, public or privapplicable). The property owner or ac of all dimensions given, as well as a	vate easements, gent is responsi	height of struct ble for the accu	ure, and parking (if
A residential site plan is required. Site Plan AttachedYe		ecklist. _No	
Applicant Please Read			
I hereby certify that I have read and true and correct. I hereby certify th his/her agent in applying for and ob All provisions of laws and ordinances whether specified herein or not. The authority to violate or cancel the pr construction or the performance of co	hat I have been taining this per s governing this granting of a p rovisions of any	authorized by the mit prior to work type of work wi permit does not p	e owner to act as k being initiated. ll be complied with, presume to give

Signature of Applicant_____ Date _____

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NOTE: This application (if approved) expires one year after date of issuance unless the project is started within six months of approval.

IF APPLICATION IS NOT APPROVED:

- . You have the right to file a request for a hearing before the Board of Zoning Appeals.
- . See Article 12, or contact the City Clerk's Office for procedure.
- . Request must be made within thirty (30) days of being disapproved.

 $\tilde{}$ below section for city use only $\tilde{}$

Zoning _____ Occupancy ____ Floodplain ____ ADA ____

____Approved _____Denied

Comments of Zoning Administrator:

Date: ______Signed: _____Zoning Administrator

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RESIDENTIAL BUILDING PERMIT DRAWING CHECKLIST

Submission Requirements: The site plan shall include the following data and details which are found relevant to the proposal the applicant shall make notations explaining the reasons for any omissions.

Yes No

A. Name of project, address, date, north arrow, and scale of plan.

B. All existing lot lines, easements, and rights of way.

C. The location and use of all existing and proposed structures within the property. Include all dimensions of floor area, and show all exterior entrances, and all anticipated future additions or alterations.

D. The location of all present and proposed public and private ways, parking areas, driveways, sidewalks, curbs, and fences.

E. The location of all present and proposed utility systems:
1. Sewage system;

2. Water supply system.

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