

Application for **BUILDING PERMIT** Overbrook, Kansas

DO NOT FILL IN HERE—FOR OFFICIAL USE ONLY

FEE	RECEIPT NO.	PERMIT NO.
REGIONAL AREA: Kansas		COUNTY AREA: Osage
DISTRICT ZONING	SUBDIVIDED	OWNERSHIP VERIFIED
ISSUED BY		DATE PERMIT ISSUED

TO: Building Inspector

This application is presented by _____ this _____ day of _____ 20____
PLEASE PRINT NAME OF PROPERTY OWNER

for THE CONSTRUCTION THE ALTERATION THE RELOCATION THE DEMOLITION of a **ADD A**
 SINGLE FAMILY DWELLING NO. OF BEDROOMS _____ INDUSTRIAL STRUCTURE
 MULTIPLE FAMILY DWELLING NO. OF UNITS _____ MOBILE HOME
 OFFICIAL OR INSTITUTIONAL STRUCTURE OTHER _____
 COMMERCIAL STRUCTURE _____

Said Structure To Be Located on the Following Described Property:

Legal Description: _____

(If additional space is required, attach separate sheet)

STREET ADDRESS OF THE ABOVE _____ ESTIMATED COST \$ _____

Estimated Starting Date of Construction _____ Estimated Date of Completion _____

PRESENT BELOW INFORMATION PERTAINING TO THE AVAILABILITY OF THE PUBLIC UTILITIES AND FACILITIES:

PUBLIC WATER _____

ELECTRICITY _____

NATURAL GAS _____

TELEPHONE _____

STREET IMPROVEMENTS _____

SANITARY SEWAGE TREATMENT _____

GARBAGE DISPOSAL YES NO

OTHER INFORMATION _____

(LOT)

Application for BUILDING PERMIT

Plot (Lot) Plan:

1. Indicate the location of the structure on the lot, including lot dimensions, building set back and structure dimensions, and street names.
2. Indicate the location of the septic line, if applicable.
3. Indicate the location of a water meter, if applicable.
4. Indicate any other information, such as building height, parking are, etc.

I hereby acknowledge that information presented is correct and that I will comply with all applicable ordinances and regulations of the City of Overbrook, Kansas.

Signature of Property Owner

Date

Present Address & Phone #: _____

Official
BUILDING PERMIT
Overbrook, Kansas

PERMIT NO. _____
REGIONAL AREA Kansas
COUNTY AREA Osage
DATE ISSUED _____
DIST. ZONING _____

THIS PERMIT
AUTHORIZES _____

for THE CONSTRUCTION THE ALTERATION THE RELOCATION THE DEMOLITION of a **ADD A**
SINGLE FAMILY DWELLING NO. OF BEDROOMS _____ INDUSTRIAL STRUCTURE
MULTIPLE FAMILY DWELLING NO. OF UNITS _____ MOBILE HOME
OFFICIAL OR INSTITUTIONAL STRUCTURE OTHER _____
COMMERCIAL STRUCTURE _____

IN ACCORDANCE WITH THE PLANNING AND ZONING REGULATIONS, OVERBROOK, KANSAS, AND IN COMPLIANCE
WITH THE APPROVED APPLICATION, ON PROPERTY LOCATED AT: _____

SAID PERMIT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE OR SHALL BE VALID WHILE
CONSTRUCTION IS IN THE PROGRESS. UPON THE COMPLETION OF THE CONSTRUCTION, APPLICANT
HEREBY AGREES TO NOTIFY THE ZONING ADMINISTRATOR IN WRITING OF SAID COMPLETION.

APPLICANT'S SIGNATURE

Approved by:

X _____

PRESENT ADDRESS _____

Building Inspector

IMPORTANT - THIS PERMIT IS SUBJECT TO THE
ISSUANCE OF AN OCCUPANCY PERMIT. FAILURE TO
SECURE THE SAME MAY RESULT IN THE ENFORCE-
MENT OF A PENALTY FOR VIOLATION.