

PLEASE PRINT OR TYPE

PERMIT # _____
(office use only)

CITY OF OLATHE

RESIDENTIAL BUILDING PERMIT APPLICATION

****Incomplete or incorrect information will delay the processing of this permit application****

JOB ADDRESS: _____ APPLICANT: _____

HOMEOWNER OR CONTRACTOR: _____ PH # _____ FAX# _____

CONTRACTOR'S LICENSE No: _____ E-MAIL _____

CONTACT PERSON: _____ CD of Plans: YES NO

MASTER PLAN FILE NO: _____

NEW NUMBER CUSTOM

Check here if floor system is Engineered Light Framing, (I-joist).

EXISTING (originating permit #) _____

CLASS OF WORK: (CHOOSE ONE BELOW)

NEW ADDITION REMODEL REHAB FIRE REPAIR OTHER POOL-INGROUND? YES NO

DESCRIPTION OF WORK: _____

ZONING: _____ DOES PROPERTY LIE NEAR/WITHIN FLOOD PLAIN? YES NO

SUBDIVISION-PLAT NAME: _____ PLAT No. _____ LOT(s) No. _____ BLOCK No. _____

OCC GROUP: _____ CONSTRUCTION TYPE: _____ LOT AREA(SF): _____ BLD STORIES: _____

FILE # _____

SIDEWALKS: YES NO TOTAL TREE REQUIREMENT: _____ (_____ & _____)

WATER SUPPLY: City of Olathe -OR- WATER DIST #1

SEWER: City of Olathe: -OR- JOHNSON CTY WASTEWATER (ATTACH PERMIT COPY)

SEPTIC: (ATTACH JOCO ENVIRONMENTAL PERMIT) BACKWATER VALVE REQ'D: YES NO

ELECRIC: KCPL: -OR- WESTAR

SF LIVING AREA: _____

ELECTRICIAN: _____

SF BASEMENT AREA: _____

JOCO LICENSE No.- _____

SF GARAGE AREA: _____

PLUMBER: _____

JOCO LICENSE No.- _____

SF OTHER AREA: _____

MECHANICAL: _____

SF TOTAL: _____

JOCO LICENSE No.- _____

TOTAL CONSTRUCTION COST WITHOUT LOT: _____ COST OF LOT: _____

APPLICANT'S SIGNATURE: _____ Date / / _____

It is to the best of my knowledge, the above information is correct and truthful.