



OLATHE FIRE DEPARTMENT – BUILDING CODES

1225 S. Hamilton Circle Olathe, KS 66061 / Main: (913) 971-7900 / Fax: (913) 971-9812



RESIDENTIAL BUILDING PERMIT APPLICATION

Applications will not be processed until all required information is provided.

Please Print

<i>Office Use Only</i>
Permit #: _____
Application Date: _____
Received By: _____

PROJECT ADDRESS: _____

TOTAL COST OF CONSTRUCTION (w/o Lot): \$ _____ **Cost of Lot:** \$ _____

TYPE OF WORK:

Lot # _____

Lot Area: _____ sq. ft.

New Construction

Plat No. _____

of Stories: _____

- Residence: Single Family or Duplex
- Detached Accessory Structure
- Room Addition
- Canopy/Car Port/Pergola
- Deck/Porch
- Pool/Hot Tub: In-ground or Above

New Living Area: _____ sq. ft.
Basement Area: _____ sq. ft.
Garage Area: _____ sq. ft.
Deck/Pool/Other: _____ sq. ft.
Total New Area: _____ sq. ft.

Alteration

- Remodel/Basement Finish Fire Repair
- Rehab Other: _____

Alteration Area: _____ sq. ft.

DESCRIPTION OF WORK:

Energy Code Compliance

- Energy Rater Method (3rd Party Inspection)
- Prescriptive Method (Provide energy code plan)

New Utilities

- Elect: KCPL Water: City of Olathe
- Westar Water District #1
- Sewer: City of Olathe
- Johnson County Wastewater

Construction Toilet

- On Site or Location within 500 ft. of Site

APPLICANT/GENERAL CONTRACTOR: _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____



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PROPERTY OWNER (if different from Applicant): _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____

ENERGY RATER (if Energy Rater Method chosen): _____

Certified By (attach certification document to application): _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____

FRAMING CONTRACTOR: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____

ROOFING CONTRACTOR: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____

State Registration Number: _____

MECHANICAL CONTRACTOR: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____

ELECTRICIAN: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____

PLUMBER: _____

Contact Name: _____ Phone: _____

Email: _____ Contractor License: _____

I hereby affirm that the information contained herein is true and correct to the best of my knowledge and agree to conform to all the regulations of the City Of Olathe covering this type of permit. I understand failure to comply with these provisions may result in the revocation of the permit

Applicant Signature: _____ Date: _____



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Code Edition: _____

Plat File #: _____

Subdivision-Plat name: _____

Plat #: _____ Lot(s) #: _____ Zoning: _____

New Living Area: _____ sq. ft.

Basement Area: _____ sq. ft.

Garage Area: _____ sq. ft.

Deck/Pool/Other: _____ sq. ft.

Total New Area: _____ sq. ft.

Total Tree Requirement: ____ (____ & ____)

New Utilities

Electricity: KCPL or Westar

Water: City of Olathe or Water District #1

Sewer: City of Olathe or Johnson County Wastewater (Permit Copy Required)

Septic (Johnson County Environmental Permit Copy Required)

I-joint or web truss floor: Yes or No

Sidewalks required: Yes or No

Does property lie near/within flood plain: Yes or No

Backwater Valve Required: Yes or No

CD of Plans included w/plan submittal: Yes or No