Print Form

CITY OF INDEPENDENCE
BUILDING PERMIT APPLICATION
BUILDING DEPARTMENT
120 North 6th Street; Independence, Kansas 67301
Phone: 620-332-2541 Fax: 620-332-2511

Permit Number:

Type of Application: (Check One) ☐ Building Permit ☐ Grading Permit ☐ Demo Permit

Property Description: Subdivision _____ Tract# _____ Unit#_____
Block _____ Lot(s) _____ Parcel# _____

Jobsite Address: _____

Type of Work ☐ New Single Family Resident ☐ New Residential Duplex ☐ New Multi Family (# of unit's ____)
☐ New Commercial ☐ Detached Garage ☐ Addition (Res) (Com) (Ind) (Public)
☐ New Public ☐ Pool ☐ Remodel (Res) (Com) (Ind) (Public)
☐ Other (Specify) _____

Estimated Construction Cost $ _____ Intended # of Employees _____

Occupancy _____ Type of Construction _____ Residential Building Materials: _____ Wood _____Block

Property Owner's Name: _____
Phone # (____) _____ Fax # (____) _____ Cell Phone # _____
Address (number, street, city, state, zip): _____ Email _____

Applicant Name: _____
Phone # (____) _____ Fax # (____) _____ Cell Phone # _____
Address (number, street, city, state, zip): _____ Email _____

Contractor: _____
Phone # (____) _____ Fax # (____) _____ Cell Phone # _____
Address (number, street, city, state, zip): _____ Email _____

Contractor License # _____ Type _____ City License # _____ Sales Tax # _____

Architect / Engineer of Record: _____ Contact Name _____
Phone # (____) _____ Fax # (____) _____ Cell Phone # _____
Address (number, street, city, state, zip): _____ Email _____

Lot Area (sq ft) _____ Lot Setbacks: Front _____ Back _____ Side _____ Side _____ Front Side (Corner Lot) _____
Roof Pitch (ft/in) _____ Material _____ Comp _____ Tile _____ other _____ Overall height of Structure _____
Septic Tank ____ Yes ____ No
Valuation of Work _____ Building Permit Fee $_____ Electrical Permit Fee $_____
Plumbing Permit Fee $_____ Total Fees $ _____
Residential Floor Area: Main/Living Area _____ Garage _____ Patio/Porches _____ Other _____

Building Dept Valuation Calcs $ _____ $_____ $_____ $_____ $_____

_____ _____ _____
Applicant (Print Name) Signature of Applicant Date Submitted