



# BUILDING PERMIT APPLICATION

Code Services Department  
201 S Pearl Street, Ste. 201, Paola, Kansas 66071-1777  
Phone: 913-294-4145 • Fax: 913-294-9545  
comdev@miamicountyks.org

TO THE ADMINISTRATOR: The undersigned hereby makes application for a building permit to perform work requiring said permit. The work to be performed is as described below and in attachments hereto. The undersigned agrees that all such work shall be done in accordance with the requirements of the Miami County Building Code regulations and the Model Codes adopted therein.

## Property Location (Address or crossroads)

## Property Owner Contact Information

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## Applicant Information (When different from Owner)

Company Name: \_\_\_\_\_  
Licensed Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## Licensed Contractors

License #	Name	LOI	License #	Name	LOI
GENERAL:			FOUNDATION:		
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
ELECTRICAL:			ROOFING:		
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
MECHANICAL:			SITE UTILITY:		
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>
PLUMBING:			SPECIAL:		
_____	_____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

## NOTICE:

A licensed contractor is required to perform work in the trades listed above. Individuals that own and occupy single family residential or agricultural property may perform any work on buildings that are owned and used or occupied by them.

A letter or contract signed by each of the licensed contractors listed above, verifying that they are accepting responsibility for the type of work for which they are licensed shall accompany this application. Failure to provide the required verification from the listed contractors may prevent the application from being accepted.

Any contractor that performs work without a license when a license is required by Miami County Regulations is subject to a fine of up to \$200.00 for each offence. Each day that work continues may be considered a separate offence. Work on projects by unlicensed contractors may result in a Stop Work Order being issued for the project.

An investigation fee equal to the permit fee shall be assessed when any work requiring a permit is started before a permit is issued by the Miami County Code Services Department.

**Project Information**

1. Type of Construction:

- New Construction
- Addition
- Repair
- Remodel
- Demolish
- Move Building
- Other: \_\_\_\_\_

2. Type of Building:

- Single Family Dwelling
- Manufactured Home
- Garage
- Agricultural Building
- Porch or Deck
- Commercial
- Other: \_\_\_\_\_

3. Type of Work:

- Building
- Electrical
- Plumbing
- HVAC
- Other: \_\_\_\_\_

Value of improvement: \$ \_\_\_\_\_

Description of Project: \_\_\_\_\_

Principal Materials to be used in construction of building: \_\_\_\_\_

Dimensions: \_\_\_\_\_ ft. x \_\_\_\_\_ ft.

**For a Residence:**

Total Basement sq. ft.: \_\_\_\_\_ Garage sq. ft.: \_\_\_\_\_  Attached  Detached

Finished Space

(A) 1<sup>st</sup> floor sq. ft.: \_\_\_\_\_ Stories: \_\_\_\_\_

(B) 2<sup>nd</sup> floor sq. ft.: \_\_\_\_\_ Bedrooms: \_\_\_\_\_

(C) Finished Basement sq. ft. \_\_\_\_\_ Bathrooms: \_\_\_\_\_

Total Finished Space (sq. ft.): \_\_\_\_\_ (Total Finished Space is the sum of A + B + C)

Type of Heating:

- Gas
- Electric
- Geothermal

Electrical Service Rating:

- Up to 200 Amperes
- 201 – 400 Amperes
- Over 400 Amperes

**Applicant Certification**

I, \_\_\_\_\_ hereby certify that the information provided herein is true and correct and that all Regulations of Miami County and the State of Kansas relating to land use, building use and occupancy and building construction shall be complied with. I further understand that any permit based upon false or incorrect statements of a material fact necessary to the issuance of the permit shall be void.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Written Notification Preference**

How would you like to be notified of plan review comments?  Mail  E-mail  Fax

**Attachments Checklist**

- |  |   |
|--|---|
| _____ Copy of Deed                         | _____ Affidavit Building Use            |
| _____ Site Plan – 2 Copies                 | _____ Certification of Agricultural Use |
| _____ Building Plans – 2 Sets              | _____ Existing Home Affidavit           |
| _____ Contractor Letters of Intent         | _____ Pool Barrier Affidavit            |
| _____ Affidavit Owner Acting as Contractor | _____ Owner Authorization - Demolition  |
| _____ Septic System Permit                 | _____ Owner Authorization - Moving      |
| _____ Highway Entrance Permit              |   |