

**BUILDING PERMIT APPLICATION  
CITY OF WALTON, KANSAS**

Owner: \_\_\_\_\_ Mail Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Project Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Brief Work Description: \_\_\_\_\_

Type of Work:    \_\_\_ Erect    \_\_\_ Remodel    \_\_\_ Addition    \_\_\_ Demolish

Type of Use Planned \_\_\_\_\_

\_\_\_ Institutional:    \_\_\_ Public    \_\_\_ Private  
\_\_\_ Residential:    \_\_\_ Single    \_\_\_ Duplex    \_\_\_ Custom  
\_\_\_ Garage:        \_\_\_ Attached    \_\_\_ Detached  
\_\_\_ Commercial    \_\_\_ Other        \_\_\_ Communication Tower

Building Setback:   \_\_\_ Front    \_\_\_ Rear        \_\_\_ Left Side        \_\_\_ Right Side

Sq. Ft. of Lot \_\_\_\_\_    Sq. Ft. of Building \_\_\_\_\_    Sq. Ft. of Garage \_\_\_\_\_

Total Sq. Ft. of Structure: \_\_\_\_\_    Estimated Cost :\$ \_\_\_\_\_

Supplemental Items Attached:   \_\_\_ Certified Survey   \_\_\_ Plot Plan   \_\_\_ Specifications  
  \_\_\_ Site Development Plans (2 copies)  
  \_\_\_ Plans (Architectural Seal Required)

**Contractors:**

- Building** \_\_\_\_\_
- Electrical** \_\_\_\_\_
- Plumbing** \_\_\_\_\_
- Mechanical** \_\_\_\_\_

**INTAKE:** check box to left once City License is verified. Write Current License Number to the Right.

Company/Owner/Corporation: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Building/Zoning Administrator Use Only**

ZONE: \_\_\_\_\_    Off Street Parking Spaces Required: \_\_\_\_\_    Flood Plain: \_\_\_\_\_  
Out of District Fees: Yes / No    \$ \_\_\_\_\_    Tap Fee: \_\_\_\_\_  
Historic Zone: \_\_\_ Yes \_\_\_ No        Revitalization Eligibility: \_\_\_ Yes \_\_\_ No  
Bldg Permit Fee: \$ \_\_\_\_\_    Permit Number: \_\_\_\_\_  
Approved: \_\_\_\_\_    Date" \_\_\_\_\_