



BUILDING PERMIT APPLICATION NUMBER _____

BUILDING PERMIT APPLICATION
CITY OF WESTMORELAND, 202 MAIN ST./PO BOX 7
785-457-3361
westycity@cityofwestmorelandks.org

Please **COMPLETE ALL APPLICABLE INFORMATION FIELDS**, and designate all non-applicable information fields as **N/A**. A site plan drawn to scale must accompany this application. Kansas One-Call must be called, and ticket number made part of this application before the permit will be issued. Periodic inspections may be deemed necessary by the zoning administrator. Please allow up to 21 days for application approval. Building permits are valid for 180 days from the date issued.

Property Address: _____ Date of Application: _____
Property Owner _____ Phone Number: _____
Email Address: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____

Applicant, if Not Owner: _____ Phone Number: _____
Email Address: _____

Designate one Zoning District, one Type of Work, and one Type of Structure. Provide additional explanation when appropriate.

Zoning District: Residential Commercial Manufacturing
 Manufactured/Mobile Home

Legal description for the property where the structure is to be erected, constructed, extended, remodeled, or modified.

Detailed description of the structure to be erected, constructed, extended, remodeled, or modified.

Dimensions: Length _____ Width _____ Height _____
Number of Stories _____

Total Square Feet _____ Number of Dwelling Units _____

Valuation of Work: \$ _____

Date work is to begin: _____ Kansas One-Call Ticket Number: _____

General Contractor: _____ Phone Number: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Architect/Engineer: _____ Phone Number: _____

Manufacturing Housing: Requires a copy of the legal title listing manufacture date is provided herewith.

Yes No

Manufacturer: _____ Model: _____

Year: _____

Declaration: I have been provided a copy of the Westmoreland City Zoning Ordinance #489.

Yes No

Printed Name and Signature of Owner or Applicant: _____

FOR OFFICE USE ONLY

Permit Fee: \$ _____ Permit Issue Date: _____ Permit Expiration Date: _____

Zoning District: Residential Commercial Manufacturing
 Manufactured/Mobile Home

Permitted Use: _____ Conditional Use Subject to Review: _____

Permit Determination: (to be completed by the Zoning Administrator)

Site Inspection(s) Date(s): _____

Findings: _____

I have determined that the proposed activity is in conformance with the provisions of Zoning Ordinance #489.

Yes No

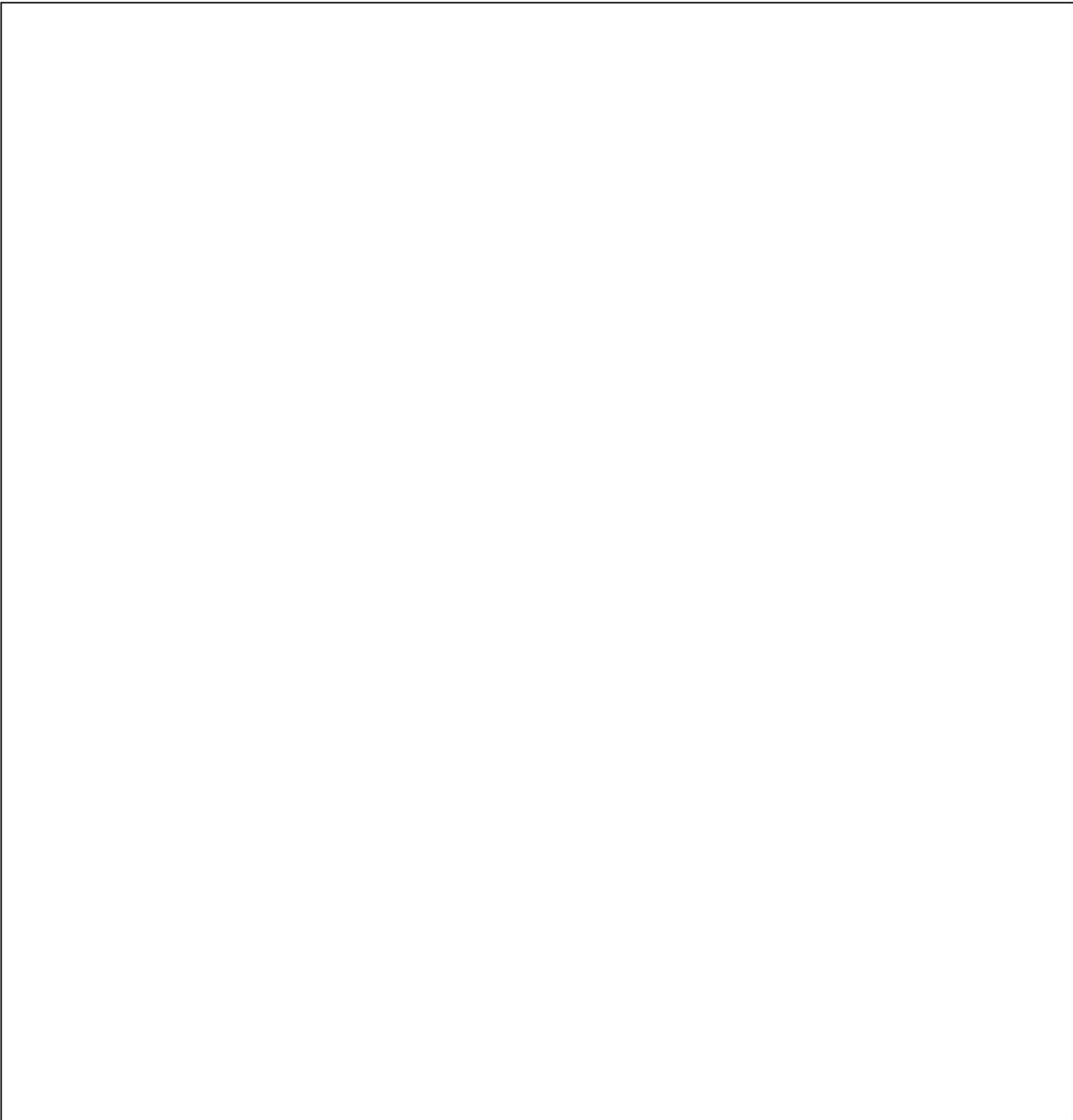
I approve application, and building permit is issued. Yes No

Building Permit Number: _____

I approve application but building permit issuance is subject to condition(s) attached to and made part of this permit. Yes No

I deny application. A written summary of deficiencies is attached to and made a part of this application. Applicant may revise and re-submit a building permit application or may request a hearing before the board of Zoning Appeals. Yes No

Scale drawing of site plan showing the location and dimensions of the structure to be erected, constructed, extended, remodeled, or modified, including all property lines and setback distances from the property lines to the structure. Attach additional drawings if appropriate.



Zoning Administrator signature: _____ Date: _____