



# Permit Application

Community Development/Planning Dept.  
411 Main St., Wellsville, KS 66092  
(785) 883-2296 • (785) 883-4797 FAX  
buildinginspector@cityofwellsvilleks.com

Permit No. \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Permit Fee (including Plan Review Fee):  
\$ \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_ ZONING \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ PHONE \_\_\_\_\_

Owner Email \_\_\_\_\_

Description of Project (include detailed plan drawings with permit application): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Floor area of building project (square feet): \_\_\_\_\_

Approximate cost of project (*labor and materials*) \$ \_\_\_\_\_

Note: The permit fee is based on the construction cost of project.

## Contractor Information

Name: \_\_\_\_\_ Check One:  Owner  Agent  Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### Mechanical Contractor

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### Electrical Contractor

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### Plumbing Contractor

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### Framing Contractor

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

### **Additional Submittal Information:**

- **Submit** a plot plan drawing or mortgage survey, indicating the construction location in relation to the property lines and the house or business. For interior remodels, please submit a plan drawing, showing the remodel room sizes and uses, doors and windows, and room uses of adjoining/existing rooms.
- **Call** before you dig by calling the Kansas One Call System at (800) 344-7233 and Public Works at (785) 883-2876.
- **Inspections:** Please contact the City of Wellsville for all required inspections at (785) 883-2296 / buildinginspector@cityofwellsvilleks.com

*I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Wellsville covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.*

Applicant Name (print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_