



Permit Application

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