

# Relocation of Building Permit Application

## City of Herington, Kansas

***To be completed by Applicant...***

Job Address:						
Owner:				Phone:		
Mailing Address:		City:		State:	Zip:	
Contractor:		License No.:		Phone:		
Mailing Address:		City:		State:	Zip:	
Use of Building:				Area (ft²):		
Class of Work (circle):	New	Addition	Alteration	Repair	Move	Remove
Describe Work:						

**Job Address:**  
**(Office Use)**

## NOTICE

The owner of a building to be demolished is responsible for the disconnection of utilities and any inspections involving hazardous materials (i.e., asbestos, lead, etc.) before commencing the demolition.

**Failure to complete demolition or secure an extension of time within for ninety (90) days will result in a fine.**

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

**Permit not validated until Permit Fee is paid.**

**Signature of Contractor**  
*or Authorized Agent*

**Date**

**Signature of Owner**  
*(if owner builder)*

**Date****OFFICE USE ONLY**

Special Conditions:

Permit No.:

Approval Date:

Approved By:

**OFFICE USE ONLY**

## DISCONNECT UTILITIES

**REQUIRED:**  
(YES/NO)

**COMPLETED:**  
(date)

Water Service:

Sewer:

Gas Service:

Electrical Service:

**SPECIAL APPROVALS:**

**REQUIRED:**  
(YES/NO)

**RECEIVED:**  
(date)

Commission Board:

Health Department:

Fire Department:

## Soil Report:

KDHE

KDOT:

KS Historical Society:

City Commission:

Bond/Insurance:

**PERMIT FEE: \$**