

PERMIT NUMBER _____



CITY OF HERINGTON, NEIGHBORHOOD ENFORCEMENT

Building Permit Application – New Construction PLEASE CALL FOR INSPECTION WHEN WORK IS DONE PERMITS ARE GOOD FOR ONLY 180 DAYS

Job Address _____ Start Date _____

Commercial _____ Residential _____

	NAME	MAILING ADDRESS/CITY/STATE/ZIP	PHONE
PROPERTY OWNER			
OWNER as CONTRACTOR	I, AS OWNER, WILL RESIDE AT THE ABOVE LISTED JOB ADDRESS AS MY PRIMARY RESIDENCE ONCE CONSTRUCTION IS COMPLETED.		Signature

FULL NAME OF CONTRACTOR/ COMPANY AS LISTED ON LICENSE

BLDG CONTRACTOR	
Electrical Contractor	
Plumbing Contractor	
Mechanical Contractor	
Concrete Contractor	
Gas Contractor	
Sewer Contractor	
Engineer/Architect	
MH Install Contractor	

Class of work: ☐ New ☐ Addition ☐ Remodel ☐ Replace ☐ Repair ☐ Fencing

Describe Work to be Performed: _____

Project Valuation (Total): \$ _____

In case of emergency, vandalism, or any other need to contact someone, please list **at least** 1 (one) On-Site/After Hours Emergency Contact for the City of Herington Police or Fire Departments to contact if necessary.

On-Site/After Hours Emergency Contact: 1. _____

Phone Numbers: _____



CITY OF HERINGTON, KANSAS NEIGHBORHOOD ENFORCEMENT

Permits are not approved until you have them in your possession.

1. **Required Inspections –**

- Framing
- Rough Electrical, Rough Plumbing, Rough Mechanical
- Final Electrical, Plumbing, Mechanical, Wall Finishing's, Grading, Sidewalks, Driveways and Erosion Control.

2. **Zoning Requirements –**

- Setback in accordance with City Ordinance
- Storm water runoff in accordance with City Subdivision Regulation
- No obstruction in easement i.e., fences, trees, shrubs, detached buildings

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE CODES OF THE CITY OF HERINGTON KANSAS. I CERTIFY THAT THE FACTS AND INFORMATION IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THIS APPLICATION DOES NOT CONTAIN ANY FRAUDULENT, MISREPRESENTED OR FALSE STATEMENTS.

Permit Application must be completed in its entirety with all required attachments and must be signed by the applicant or it will not be processed.

PERMITS MUST BE POSTED ON THE JOB SITE AND VISIBLY SEEN FROM THE ROADWAY.

NOTE: An attachment must accompany this application showing drawing, the location of the proposed construction. The drawing must be signed by the applicant.

Applicant Signature

Date

OFFICE USE ONLY

Code Administrator Approval

Date

PERMIT FEES

\$ _____

TOTAL FEES

\$ _____

Check#: _____ Cash or CC _____

Paid By: _____

Received by: _____

Approved _____ Denied _____



CITY OF HERINGTON, KANSAS NEIGHBORHOOD ENFORCEMENT

INSPECTION REQUEST

PERMIT ADDRESS: _____

LICENSED CONTRACTOR (IF APPLICABLE): _____

CONTACT PERSON: _____

CONTACT PHONE #: _____

BILLING ADDRESS (IF NOT A LICENSED CONTRACTOR AND NOT PERMIT ADDRESS):

BILL TO: _____

BILLING ADDRESS: _____

TYPE OF INSPECTION (TO BE SCHEDULED NEXT BUSINESS DAY):

☐ Electrical ☐ Condemnation ☐ Plumbing ☐ Building ☐ Roof

WORK TO BE PERFORMED: _____

By signing below I certify that the facts and information in this application are true, complete and accurate to the best of my knowledge. I further certify that the facts and information in this application do not contain any fraudulent, misrepresented or false statements.

Applicant Signature _____ Date _____

To the best of my knowledge, work inspected was in accordance with the building department approved plans, specifications and applicable workmanship provisions of the Ordinances and Codes approved by the City of Herington, Kansas.

PASSED / FAILED

Inspector Signature: _____ Date: _____

Printed Name of Inspector: _____

Occupant/Contractor/Trade Signature: _____ Date: _____

Printed Name of Occupant/Contractor/Trade: _____

Inspection Fee \$20.00

Permit# _____