



**CITY OF IOLA, KANSAS
BUILDING PERMIT APPLICATION**

Applications Will Not Be Processed Until All Requested Information Has Been Provided
P.O. Box 308 • 2 W. Jackson Iola, KS 66749 • 620-365-4903 Fax 620-365-4918

Permit No. _____

Job Address: _____ Date: _____

Owner Name: _____ Phone Number: _____

Owner Address: _____

Type: New Addition Remodel Manufactured Home Mechanical Electrical Plumbing
 Other _____

Description _____

Contractor	Contractor Name:	Phone:	License #
General/Builder	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Other	_____	_____	_____

Existing Use _____ Proposed Use _____

Building Area: 1st Floor _____ 2nd Floor _____ Basement _____ Other _____
Garage _____ Decks/Covered Porch _____ Building Height _____
TOTAL SQ. FT. _____

Site Information: Will there be any excavation in a public right-of-way? Yes No
Will Fire Sprinklers be installed? Yes No Will there be any demolition? Yes No

Setbacks Provided: _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Utilities: Water Electric Sewer Natural Gas Estimated Construction Value \$ _____

Please supply all of the applicable information above including *Estimated Construction Value*. Sign the application below. Your application will be considered incomplete and returned for any missing information.

STAFF USE ONLY

Floodplain YES NO **IF YES, APPLICANT MUST OBTAIN APPROVAL FROM STATE**

Zoning District _____ Setbacks Required: _____ Street Yard _____ Side Yard _____ Side Yard _____ Rear Yard

Is The Use Appropriate With Zoning? Yes No Use Type _____ Flood Zone Designation: _____

Is It In The Neighborhood Revitalization Area? Yes No Was The Application Given To Applicant? Yes No

Sidewalk Required? Yes No Site Inspection Required? _____ Site Inspection: Passed Failed

Site Plan Review: Approved Failed Have The Utilities Been Located Through A Kansas One Call? Yes No

Planning Director Approval _____ Date _____

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City Application Requirements:

- Site Plan – 1 copy Residential Building Plans – 1 copy Commercial Building Plans – 3 copies
 Right-of-way Permit Demolition Permit Contractor Licenses Verified
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I hereby affirm that the above statements are true and correct and also agree to comply with all provisions of the building code and other applicable ordinances or laws.

Applicant Signature

Date

Permission for described work is granted by:

Building Inspector Signature

Date

**THIS PERMIT BECOMES NULL AND VOID IF WORK OR
CONSTRUCTION AUTHORIZED IS NOT STARTED WITHIN 180 DAYS,
OR IF WORK OR CONSTRUCTION IS SUSPENDED OR ABANDONED
FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS
STARTED. PERMITS SHALL BE RENEWED ANNUALLY.**

Permit Fee Schedule:

Construction:

New	\$1.50 per 100 square feet (\$15.00 minimum)
Addition	\$1.50 per 100 square feet (\$15.00 minimum)
Remodel	\$1.50 per 100 square feet (\$15.00 minimum)

Electrical:

Residential	\$20.00
Commercial	\$35.00

Plumbing:

Residential	\$20.00
Commercial	\$35.00

Mechanical/HVAC: \$15.00

Right of Way: \$50.00