



**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:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Type:**  New  Addition  Remodel  Manufactured Home  Mechanical  Electrical  Plumbing  
 Other \_\_\_\_\_

**Description** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Existing Use** \_\_\_\_\_ **Proposed Use** \_\_\_\_\_

**Building Area:** 1<sup>st</sup> Floor \_\_\_\_\_ 2<sup>nd</sup> 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**

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 \_\_\_\_\_

**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



# SITE PLAN

## Instructions for Applicants

For new buildings, additions, and accessory structures provide the following information in the space below:  
Locations of proposed construction and existing improvements show building site and setback dimensions from property lines.

A large rectangular area filled with a light gray grid, intended for applicants to draw their site plans. The grid consists of small, uniform squares.