

Permit No: \_\_\_\_\_

Fees \$ \_\_\_\_\_  
(City Staff Will Provide)

Receipt No. \_\_\_\_\_  
(City Staff Will Provide)

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
Approved By Public Officer

**== THIS PERMIT IS VOID IF PROJECT IS NOT STARTED WITHIN 180 DAYS ==**

<b>Site Address &amp; Project Description</b>	
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**Permit Type** (fill left hand box with an X to make selection)

<input type="checkbox"/>	House Wrecker/Mover, Sign Hanger, Panel Poster (Code 2012; 4-220)
<input type="checkbox"/>	Builder Contractor (Code 2012; 4-220)
<input type="checkbox"/>	Electrician (Code 2012; 4-324)
<input type="checkbox"/>	Plumber, Gas-Fitter (Code 2012; 4-422)
<input type="checkbox"/>	Building Mover/Hauler/Transporter (Code 2012; 4-506)

(if hand written, please print clearly)

I, \_\_\_\_\_ hereby make application for a Permit as cited above in order to conduct business within the City of Medicine Lodge, KS 67104.

<b>Name/Name Of Business</b>	
<b>Physical Address</b>	
<b>Mailing Address</b>	
<b>City State Zip</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Home Office If Not Local</b>	
<b>Primary Contact Person</b>	

Contact CityHall for fee schedule (620) 886-3908

## APPLICATION FOR PERMIT

**Mail Or Hand-Carry Application & Fee To City Of Medicine Lodge, 114 W. First, Medicine Lodge KS 67104**

**Note: Every Section Must Contain Information Or N/A For Not Applicable**

If application is submitted by the property owner or his/her agent, it shall contain the name(s) of the licensed contractor(s) doing the work described on Page 1,

Name	
Name	
Name	

or a building permit may be issued to the owner upon his/her application disclosing the following:

I certify I will perform the work and it will not be done by a licensed contractor and likewise I am subject to the final approval of the building inspector for work performed:  Yes  No

### Project Cost and Timeframe

Estimated Cost Of Project:	\$	
Work Will Commence:		
Expected Completion Date:		

### Liability Insurance Coverage (Code 2012: 4-224; 4-328; 4-426; 4-504)

**Total \$:**  **\$100,000 for death or one (1) person injury; \$300,000 for death or any number person injury; \$50,000 property damage for one (1) accident. Certificate of Insurance Must Be Submitted or Attached (policy issued by a Kansas licensed company only)**

<b>Bond</b> Required In Addition To Insurance For Moving Buildings (Code 2012: 4-504)	<input type="checkbox"/>	\$5,000 bond	<input type="checkbox"/>	\$5,000 cash in lieu of surety bond
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<b>Project Specifics:</b>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	Remodel	<input type="checkbox"/>	Demolition
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### Class Of Occupancy (Code 2012, 4-211; 4-311; 4-411):

<input type="checkbox"/>	“A-L” Agriculture	<input type="checkbox"/>	“F-P” Floodplain Overlay	<input type="checkbox"/>	“R-S” Residential Suburban
<input type="checkbox"/>	“R-1” Single-Family	<input type="checkbox"/>	“R-2” Two-Family	<input type="checkbox"/>	“R-3” Multiple Family
<input type="checkbox"/>	“PUD” Planned Unit Development	<input type="checkbox"/>	“M-H” Manufactured Home	<input type="checkbox"/>	“MH-1” Manufactured Home Subdivision
<input type="checkbox"/>	“M-P” Manufactured Home Park	<input type="checkbox"/>	“C-S” Highway Service	<input type="checkbox"/>	“C-1” Central Business
<input type="checkbox"/>	“C-2” General Commercial	<input type="checkbox"/>	“C-3” Adult Entertainment	<input type="checkbox"/>	“I-1” Light Industrial
<input type="checkbox"/>	“I-2” Heavy Industrial	<input type="checkbox"/>	“A-H” Airport Height Control	<input type="checkbox"/>	Blank For Future Use

**Class Of Construction** (Code 2012, 4-211; 4-311; 4-411):

<input type="checkbox"/>	New Construction (independent of and outside existing structure)								
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Frame	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Other
<input type="checkbox"/>	Renovation (overhaul of a structure that drastically changes the nature of or use of an existing building)								
<input type="checkbox"/>	Capital Repairs & Maintenance (improves economic value of a building)								
<input type="checkbox"/>	Non-Capital Repairs & Maintenance (repairs something broken)								

**Type Of Work In Which Applicant Will Be Engaged** (check all that apply):

<input type="checkbox"/>	general contracting	<input type="checkbox"/>	plastering	<input type="checkbox"/>	lathing	<input type="checkbox"/>	excavating
<input type="checkbox"/>	roofing	<input type="checkbox"/>	metal work	<input type="checkbox"/>	foundation work	<input type="checkbox"/>	paper hanging
<input type="checkbox"/>	siding	<input type="checkbox"/>	sign hanging	<input type="checkbox"/>	cement work	<input type="checkbox"/>	masonry
<input type="checkbox"/>	waterproofing	<input type="checkbox"/>	painting	<input type="checkbox"/>	house wrecking	<input type="checkbox"/>	house moving

**Type Of Electrical Work In Which Applicant Will Be Engaged** (check all that apply):

<input type="checkbox"/>	Installing	<input type="checkbox"/>	Maintaining	<input type="checkbox"/>	Extending wiring system and/or all appurtenances, apparatus or equipment
<input type="checkbox"/>	Inside	<input type="checkbox"/>	Attached to building, structure, lot or premises		
Materials					

**Type of Plumbing Work In Which Applicant Will Be Engaged** (check all that apply):

<input type="checkbox"/>	Install	<input type="checkbox"/>	Alter	<input type="checkbox"/>	Reconstruct
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Plumbing system	<input type="checkbox"/>	Other
<input type="checkbox"/>	Pipes	<input type="checkbox"/>	Fixtures	<input type="checkbox"/>	Apparatus
Connections supplying		<input type="checkbox"/>	Gas	<input type="checkbox"/>	Water
<input type="checkbox"/>	For removing liquid	<input type="checkbox"/>	For removing water-borne wastes	<input type="checkbox"/>	Vent system
<input type="checkbox"/>	Vent system	<input type="checkbox"/>	Gas System	<input type="checkbox"/>	Water distribution system
Materials					

**Type of Building Moving/Hauling/Transporting In Which Applicant Will Be Engaged** (check all that apply):

<input type="checkbox"/>	House	<input type="checkbox"/>	Building	<input type="checkbox"/>	Derrick	<input type="checkbox"/>	Other	<input type="text"/>
<p>Said item will not be more than sixteen (16) feet from the surface of the highway, road, street or alley, or wider than eight (8) feet and not moved at more than four (4) miles per hour upon, across, or over any street, alley or sidewalk in the City of Medicine Lodge (K.S.A. 17-1914; Code 2012). The operation will commence at _____ o'clock ____ .M. and follow the route as provided herein (must be in writing (next page)): _____</p>								

Will aerial services need to be interrupted? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, <input type="checkbox"/> Wires <input type="checkbox"/> Cables
Nature of interruption: <input style="width: 90%;" type="text"/>
By Company: <input style="width: 90%;" type="text"/>

**== Zoning Permit Section ==**

Is the work exempt from architectural drawings per K.S.A. 74-7031?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No, if no, must complete Certificate of Exemption
Is property located in a designated Floodway?	<input type="checkbox"/>	Yes, if yes, must complete Floodplain Development permit/application		<input type="checkbox"/> No
Will parabolic (dish-type) antenna be on the site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will mobile home be on the site?	<input type="checkbox"/>	Yes	<input type="checkbox"/> Foundation <input type="checkbox"/> Tied Down	<input type="checkbox"/> No
Sewage Disposal	<input type="checkbox"/>	Public Sewer	<input type="checkbox"/>	Septic Tank <input type="checkbox"/> Feet to nearest public sewer
Setback from property line	Front <input type="text"/> feet	Side <input type="text"/> feet	Rear <input type="text"/> feet	Side <input type="text"/> feet
Lot Size	Width <input type="text"/> feet	Depth <input type="text"/> feet		
Building's Use	<input style="width: 95%;" type="text"/>			
Materials	Walls	<input style="width: 80%;" type="text"/>		Floors <input style="width: 80%;" type="text"/>
	Ceilings	<input style="width: 80%;" type="text"/>		Roof <input style="width: 80%;" type="text"/>
	Foundation	<input style="width: 95%;" type="text"/>		

**Outside Dimensions of ALL Buildings:**

Length	<input type="text"/>	Width	<input type="text"/>	Height	<input type="text"/>	Stories	<input type="text"/>
Length	<input type="text"/>	Width	<input type="text"/>	Height	<input type="text"/>	Stories	<input type="text"/>
Length	<input type="text"/>	Width	<input type="text"/>	Height	<input type="text"/>	Stories	<input type="text"/>
Length	<input type="text"/>	Width	<input type="text"/>	Height	<input type="text"/>	Stories	<input type="text"/>

I understand each such permit shall set forth the kind of contract work in which the permittee may engage. The permittee shall display his or her permit at any place where he or she may be engaged in contract work or produce the same on demand of any city officer. All permits shall be renewable semi-annually. It shall be unlawful for any person, firm or corporation to contract for any kind of work covered by this article without having a valid permit issued by the city to perform such work (Code 2012). \_\_\_\_\_ (initial after reading)

**I hereby certify that the above information is true and correct to the best of my knowledge. If any material information provided by the applicant is later determined to be false, omitted, misrepresented, or incorrect, the permit is automatically revoked, null, and void. I hereby agree and bind myself to conduct business in accordance with all requirements of the International Building Code, 2006 Edition; National Electrical Code, 2005; and/or Uniform Plumbing Code, 2009 Edition, as applicable, and other ordinances of the City of Medicine Lodge, Kansas.** \_\_\_\_\_ (initial after reading)

\_\_\_\_\_  
Signature of Applicant or Authorized Agent

Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Rejected: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

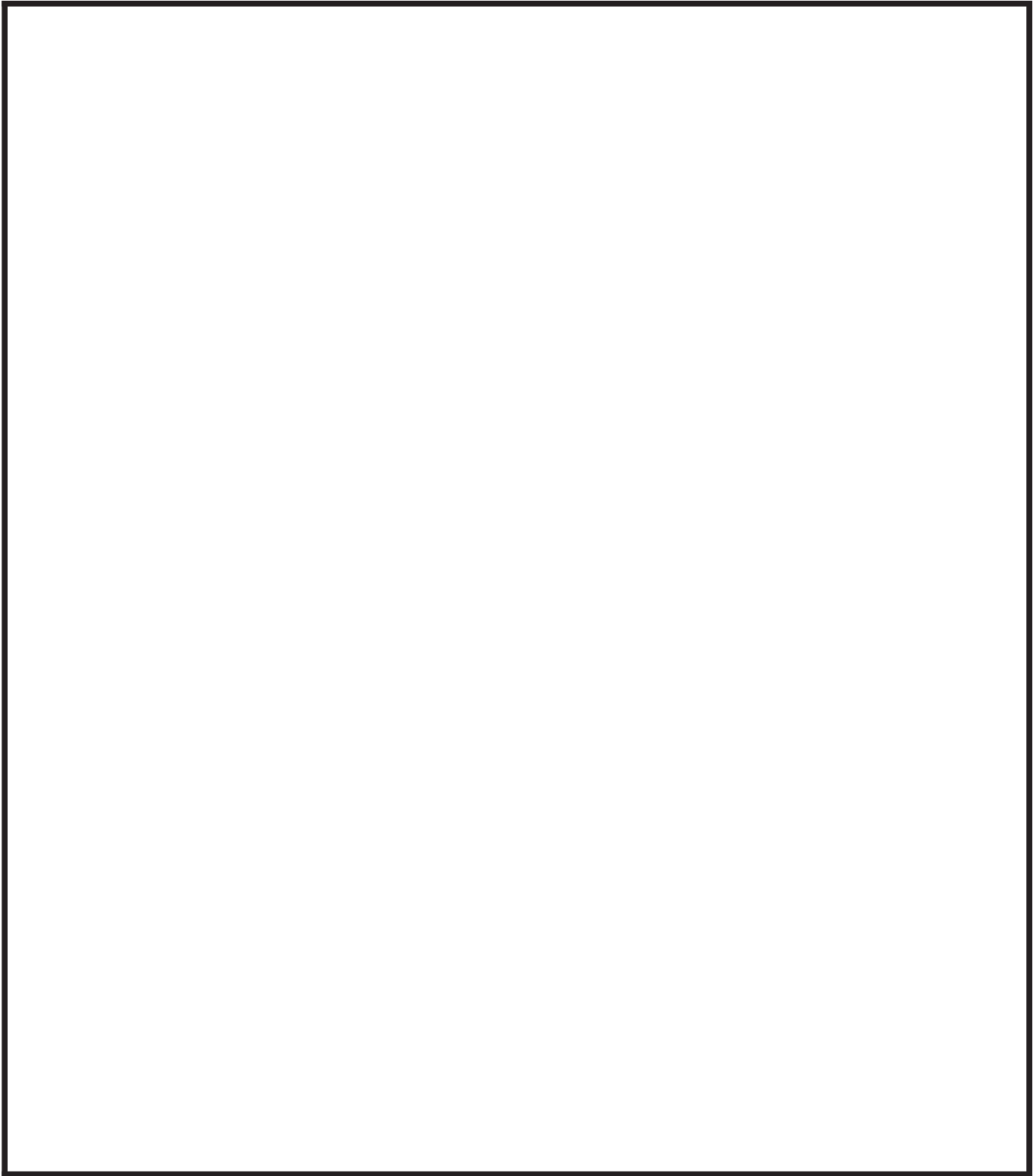
Date: \_\_\_\_\_

Public Officer

**See Next Two Pages For Important Instructions!**

*Please draw here the proposed project using the outline of the box to symbolize your lot boundaries.*

*NORTH*



*SOUTH*