



**City of Rose Hill - Office of Building Inspection
Commercial Permit Application**

Location: _____ Rose Hill, KS 67133 New Address? Yes No

Homeowner: _____ Phone Number: _____

Contractor: _____ Permit Number: _____

Description of Work: _____

LEGAL DESCRIPTION		TYPE OF IMPROVEMENT		OTHER PERMITS REQUIRED	
Lot(s): _____ _____ _____		<input type="checkbox"/> New Building		<input type="checkbox"/> Plumbing	
		<input type="checkbox"/> Addition		<input type="checkbox"/> Electrical	
		<input type="checkbox"/> Remodel		<input type="checkbox"/> Mechanical	
		<input type="checkbox"/> Repair			
		<input type="checkbox"/> Replacement			
Block: _____ _____		<input type="checkbox"/> Wrecking		CONSTRUCTION METER:	
		<input type="checkbox"/> Roofing		<input type="checkbox"/> Yes	
Addition _____ _____		<input type="checkbox"/> Siding		<input type="checkbox"/> No	
		<input type="checkbox"/> Swimming Pool			
		<input type="checkbox"/> Prefab			
OCCUPANCY & USE					
A-1 ASSEMBLY	A-3 ASSEMBLY	OTHER ASSEMBLIES			
<input type="checkbox"/> Theater, with stage <input type="checkbox"/> Theater, no stage	<input type="checkbox"/> Church <input type="checkbox"/> Community Hall <input type="checkbox"/> Library <input type="checkbox"/> Museum <input type="checkbox"/> General	<input type="checkbox"/> Arena	<input type="checkbox"/> Business (B)	<input type="checkbox"/> Educational (E)	<input type="checkbox"/> Institutional, Nursing Homes (I-2)
		<input type="checkbox"/> Factory/Industrial Moderate Hazard (F-1)	<input type="checkbox"/> Factory/Industrial Low Hazard (F-1)	<input type="checkbox"/> High Hazard Explosives (H-1)	<input type="checkbox"/> Institutional, Restrained (I-3)
		<input type="checkbox"/> High Hazard (H-2, 3 & 4)	<input type="checkbox"/> Hazardous Production Material (H-5)	<input type="checkbox"/> Institutional, Supervised Environment (I-1)	<input type="checkbox"/> Institutional, Day Care Fac. (I-4)
		<input type="checkbox"/> Institutional, Hospitals (I-2)			<input type="checkbox"/> Mercantile (M)
A-2 ASSEMBLY					<input type="checkbox"/> Residential, Hotels (R-1)
<input type="checkbox"/> Nightclub <input type="checkbox"/> Restaurant, bar or banquet hall					<input type="checkbox"/> Residential, Multiple Family (R-2)
					<input type="checkbox"/> Residential, One & Two Family Dwellings (R-3)
					<input type="checkbox"/> Residential, Care/Assisted Living Facilities (R-4)
					<input type="checkbox"/> Storage, Moderate Hazard (S-1)
					<input type="checkbox"/> Storage, Low Hazard (S-2)
					<input type="checkbox"/> Utility, Miscellaneous (U)
TOTAL VALUATION OF COMPLETE JOB					
		Total Valuation - Labor & Materials		\$ _____	

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 Federal, State, or Local Law regulating construction or the performance of construction. If you have any questions, please contact the Building Official at 316-776-2712.

Signature of Applicant _____
Address

Official Use Only - - to be completed by City of Rose Hill

Permit Fee: _____ Cash _____ Check # _____ Credit Card _____

Approval signature of City of Rose Hill Building Official _____
Date Approved