



City of Rose Hill - Office of Building Inspection Residential Permit Application

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

Homeowner: _____ Phone Number: _____

Contractor: _____ License Number: _____

Description of Work: _____

Legal Description	Type of Improvement	Proposed Use	Foundation	Covering - Roof
Lot(s): _____ _____ _____	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Remodel <input type="checkbox"/> Repair <input type="checkbox"/> Replacement	<input type="checkbox"/> One Family <input type="checkbox"/> Two Family <input type="checkbox"/> Garage/Detached <input type="checkbox"/> Carport/Detached <input type="checkbox"/> Storage Shed <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Concrete/Block <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Wood <input type="checkbox"/> Composition <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Built-up <input type="checkbox"/> Other (specify): _____
Block: _____ _____	<input type="checkbox"/> Wrecking <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Prefab	_____ _____ _____	_____ _____ _____	_____ _____ _____
Addition: _____ _____		_____ _____ _____	_____ _____ _____	_____ _____ _____
Structure - Frame	Roof	Floor	Exterior Walls	Interior Walls
<input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Wood <input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Wood <input type="checkbox"/> Masonry <input type="checkbox"/> Metal <input type="checkbox"/> Composition <input type="checkbox"/> Asbestos <input type="checkbox"/> Vinyl <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Dry-Wall <input type="checkbox"/> Plaster <input type="checkbox"/> Masonry <input type="checkbox"/> Other (specify): _____ _____
Occupancy & Use		Information	Roofing	Siding
Dwelling, Wood: _____ Sq. Ft.	_____ Sq. Ft.	_____ Height	Specify # of Squares:	Specify # of Squares:
Dwelling, Masonry: _____ Sq. Ft.	_____ Sq. Ft.	_____ Stories	<input type="checkbox"/> Wood	<input type="checkbox"/> Vinyl
Basement, Finished: _____ Sq. Ft.	_____ Sq. Ft.	_____ Bedrooms	<input type="checkbox"/> Shakes	<input type="checkbox"/> Steel
Basement, Unfinished: _____ Sq. Ft.	_____ Sq. Ft.	_____ Bathrooms	<input type="checkbox"/> Composition	<input type="checkbox"/> Aluminum
Garage, Unfinished: _____ Sq. Ft.	_____ Sq. Ft.		<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Masonite
Garage, Finished: _____ Sq. Ft.	_____ Sq. Ft.		_____	<input type="checkbox"/> Wood
Carport: _____ Sq. Ft.	_____ Sq. Ft.	<u>Footage (Sq. Feet):</u>	_____	<input type="checkbox"/> Concrete
Patio/Covered: _____ Sq. Ft.	_____ Sq. Ft.	_____ Basement		
Breezeway: _____ Sq. Ft.	_____ Sq. Ft.	_____ 1st Floor	Other Permits Required	Construction Meter:
Fireplace, Masonry: _____ Number	_____ Number	_____ 2nd Floor	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Yes
Fireplace, Zero-Clearance: _____ Number	_____ Number		<input type="checkbox"/> Electrical	<input type="checkbox"/> No
			<input type="checkbox"/> Mechanical	
Total Valuation				
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