

Building Permit Application – Remodel/Repair/Addition-Residential

Junction City

Geary County

City of Milford

Job Address _____

Type of Structure _____ START DATE _____

	NAME	ADDRESS/CITY/STATE/ZIP	PHONE
PROPERTY OWNER			
OWNER as CONTRACTOR	I, AS OWNER, WILL RESIDE AT THE ABOVE LISTED JOB ADDRESS AS MY PRIMARY RESIDENCE ONCE CONSTRUCTION IS COMPLETED.		Signature
	FULL NAME OF CONTRACTOR/ COMPANY		
BLDG CONTRACTOR			
Electrical Contractor			
Plumbing Contractor			
Mechanical Contractor			
Concrete Contractor			
Gas Contractor			
Sewer Contractor			
Engineer/Architect			

Class of work: (Check One) New Addition Remodel Replace Repair Fire

Describe Work to be Performed: _____
 _____ PROJECT VALUATION (TOTAL COST OF PROJECT): \$ _____

Roof Permit: Type of Roof _____ Number of Squares _____

Addition: Square foot of Addition and/or Dimension _____

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED AGREE TO CONFORM TO ALL APPLICABLE CODES OF THE CITY OF JUNCTION CITY AND/OR GEARY COUNTY, KANSAS. I CERTIFY THAT THE FACTS AND INFORMATION IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT THIS APPLICATION DOES NOT CONTAIN ANY FRAUDULENT, MISREPRESENTED OR FALSE STATEMENTS.

Applicant Signature _____

Date _____

Permit Application must be completed in it's entirety with all required attachments and must be signed by the applicant or it will not be processed.

THE PERMIT MUST BE POSTED ON THE JOB SITE & VISIBLE FROM THE ROADWAY.

OFFICE USE ONLY

PARCEL ID # _____

Use Zone	Plot Plan	Flood Plain	Elevation	Site Insp. Record	Meter Order
	PLANS	ZONING	ENGINEERING	TAXES PAID	OFFICE
APPROVED BY:					

_____	METER FEES	\$ _____
Code Administrator Approval	PERMIT FEES	\$ _____
Date	CRAFT FEES	\$ _____
	TOTAL FEES	\$ _____