

Building Permit Application – Remodel/Repair/Addition-Commercial

Junction City

Geary County

City of Milford

Job Address _____

Type of Structure _____ START DATE _____

NAME

ADDRESS/CITY/STATE/ZIP

PHONE

PROPERTY OWNER

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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 _____

In case of emergency, vandalism, or any other need to contact someone, please list **at least 1** (one) On-Site/After Hours Emergency Contact for the City of Junction City Police or Fire Departments to contact if necessary.

On-Site/After Hours Emergency Contact: 1. _____

Phone Numbers: _____

On-Site/After Hours Emergency Contact: 2. _____

Phone Numbers: _____

On-Site/After Hours Emergency Contact: 3. _____

Phone Numbers: _____

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 its 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:					

Code Administrator Approval _____

Date _____

METER FEES \$ _____

PERMIT FEES \$ _____

CRAFT FEES \$ _____

TOTAL FEES \$ _____