



Building Permit Application - Remodel / Repair / Addition

Junction City or Geary County

Property Details	Job Address: _____	
	Type of Structure: _____	Start Date: _____

Property Owner Information	Name: _____	Mailing Address	
	Phone #: _____		Address _____
	Email: _____		City / State / Zip _____

**IF FILLING OUT AS
OWNER AS
CONTRACTOR:**

**I, as owner, will reside at the above listed address as my
primary residence once construction is completed.**

Signature: _____

Contractor Information	First Name: _____	Mailing Address	
	Last Name: _____		Address _____
	Company Name: _____		City / State / Zip _____
	Phone #: _____		Signature: <i>If being filled out by the Contractor</i> _____
Email: _____			

Contractor Type	Contractor Name	Contractor Phone #
Electrical	_____	_____
Plumbing	_____	_____
Mechanical	_____	_____
Concrete	_____	_____
Gas	_____	_____
Sewer	_____	_____
Engineer/Architect	_____	_____

Class of Work: (Circle One) 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 Dimensions: _____

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.

The 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.

Applicant Signature _____ Date _____

OFFICE USE ONLY

	Plans	Zoning	Engineering	Codes	Office
Approved by/date	_____	_____	_____	_____	_____

Plan Review Fees	\$ _____
Permit Fees	\$ _____
Other Fees	\$ _____
Total Fees	\$ _____

Code Administrator Approval _____ Date _____