

Permit No.: _____

Building Permit Application

City Code may be reviewed at solomon-ks.com.



Permit to include:

(Check all that apply)

- Building Electrical
 Plumbing Mechanical

District Type:

(Check all that apply)

- Residential Non-Residential
 Commercial Industrial

Please submit this form to:

116 W Main
Solomon KS 67480
785-655-3311

tammy.solomonks@gmail.com

Project Site Address: _____

Property Owner: _____

Property Owner Phone/E-mail: _____

General Contractor/Engineer: _____

General Contract Phone/E-mail: _____

Class of Work: New Addition Alteration/Remodel Repair Other _____

Describe Work: _____

Value of Work: \$ _____ Site Plan attached: YES NO

List Sub-Contractors: (Must be licensed in the City of Solomon)

Electrical: _____

Plumbing: _____

Mechanical: _____

Living Area: _____ Garage Sq. Ft.: _____

Addition Sq. Ft.: _____ Total Sq. Ft.: _____

Stories/Height: _____ Land Area: _____

Coverage %: _____ Occupant Load: _____

Occupant Class: _____ Use of Building: _____

ICC Building Type: _____

I certify that I have read this application and state that the above information is correct, and that I as owner or builder, do agree to comply with all city adopted building codes, relating to building construction. I acknowledge the city is not responsible for covenants, easements, or right-of-way related to the property listed above.

Name Printed: _____ Date: _____

Signature: _____

- Builder/Contractor Agent for Contractor Owner Agent for Owner

Work to commence within (30) days of application date and completed within one (1) year.

Work Sheet

(to be completed by staff)

Building

- Base Fee \$25
 Each Additional \$1,000 x \$3.50 = \$ _____
 Additional Inspections \$25

Electrical

- Base Fee \$25

Mechanical

- Base Fee \$25

Plumbing

- Base Fee \$25
 Sewer \$10

Miscellaneous

- Curb Cut \$10
 Knox Box (installed by contractor)

Permit Fee: \$ _____

Building Inspection Department

(for office use only)

Zoning District: _____ Flood Zone: _____

Setbacks:

Front Yard _____ Side Yard _____ Rear Yard _____

Special Conditions: _____

Approved for Issuance by:

Signature: _____

Date: _____