



DEVELOPMENT SERVICES DIVISION

620 SE MADISON | 3RD FLOOR | TOPEKA KS 66607 | 785-368-3704

IF SUBMITTING ELECTRONICALLY, EMAIL ALL MATERIALS TO: DSDpermits@topeka.org

1 & 2 FAMILY RESIDENTIAL BUILDING PERMIT APPLICATION

PROJECT ADDRESS: _____ Square Footage of Impervious Surface _____
Estimated Construction cost: _____ Square footage of Construction: _____
Legal description: Lot(s) _____ Block _____ Subdivision: _____ See Attached

PROJECT/DESCRIPTION:

- New Single Family Residence Attached Garage Other Detached Structure Canopy
New Duplex Detached Garage Open Porch Deck/Patio Cover
of Bedrooms Attached Carport Enclosed Porch Other Exterior Alteration
Basement Finish Detached Carport Attached Deck Interior Remodel
Other: _____

Please provide footing/foundation/pier/slab plans, building plans and elevations with notes and details describing building materials - size and spacing of framing materials - for floors, walls and roof construction, support posts, decking, railings, stairs, a dimensioned site plan indicating property lines, easements and public-right-of-ways, location of proposed structure, related paving such as sidewalks, driveways.

Services to property: City water service Rural water district Requesting City service
Septic system Public sanitary sewer Other _____

NOTE: I OWN & OCCUPY THIS EXISTING STRUCTURE (ownership & occupancy must be verified):

I plan on doing: Plumbing Work Mechanical Work Electrical Work
Yes, I understand that if I do the plumbing, mechanical or electrical work, I will need a separate permit for each

APPLICANT: _____ (Please Print)
I am the: Property Owner Contractor
Other: _____

PROPERTY OWNER:
Name: _____
Mailing Address: _____
City: _____ State: ___ Zip: _____
Phone #'s: _____ Cell: _____
Fax: _____ Email: _____

BUILDING / GENERAL CONTRACTOR: Company Name: _____

Address: _____ City: _____ State: ___ Zip: _____
Phone #'s: _____ Cell: _____ Fax: _____ Email: _____
Designated contact person: _____ City License #: _____

Electrical Contractor: Company Name / Phone _____ / _____
Plumbing Contractor: Company Name / Phone _____ / _____
Mechanical Contractor: Company Name / Phone _____ / _____

I understand location of the structure is the responsibility of the contractor and/or owner and that said structure shall be placed in accordance with the approved plan and Topeka zoning regulations. I certify the information provided to be true and correct and agree to comply with all pertinent City of Topeka codes, ordinances and regulations. By the execution of this application, I understand I/the contractor am/is responsible to call for all required inspections and also consent to have the City of Topeka personnel enter onto the premises legally described herein for the purpose of inspecting the premise for compliance with all applicable City codes, during normal business hours. I understand all inspections must be completed and all work approved.

Applicant/Owner Signature _____ Date _____

DEPARTMENT/DIVISION REVIEWS

Is the property on the register of historic places? __Yes __No Is the property in a designated floodplain? __Yes __No
Building review: Approved _____ Date _____ Disapproved _____ Date _____
Site review: Approved _____ Date _____ Disapproved _____ Date _____
Planning review: Approved _____ Date _____ Disapproved _____ Date _____
Water review: Approved _____ Date _____ Disapproved _____ Date _____

Comment(s): _____