



City of Larned  
Building Inspections  
417 Broadway  
Larned, Kansas 67550  
(620) 285-8500

## Residential Building Permit Application

Application Date \_\_\_\_\_

Required Documents:  
Site Plan  
Building Drawings  
Window Schedule  
Truss Package/Bracing

### Property Information

Street Address	City, State	Zip
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Zoning

### Owner Information

First Name	Last Name	Phone
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Street Address	City	State	Zip
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### Contractor Information

Name

Applicant		Phone Number
General		State Roofer #
Concrete/Foundation		Phone Number
Structural/Framing		Phone Number
Roofing		State Roofer #
Electrical		Phone Number
Plumbing		Phone Number
Mechanical		Phone Number
Architect/Engineer		Phone Number

**Please see reverse side**

## Construction Information

Type of Improvement	Floor Area (in square feet)	# of Bedrooms # of Full Baths # of Half Baths # of Living Rooms # of Dining Rooms # of Kitchens Fire Places # Gas Fire Places # Wood Burning
<input type="checkbox"/> New Single Family Dwelling	<input type="checkbox"/> Deck	First floor
<input type="checkbox"/> New Duplex	<input type="checkbox"/> Fencing	Second floor
<input type="checkbox"/> Detached Structure/Garage	<input type="checkbox"/> Swimming Pool	Basement (finished)
<input type="checkbox"/> Addition	<input type="checkbox"/> Foundation Repair	Basement (unfinished)
<input type="checkbox"/> Remodel	<input type="checkbox"/> Demolition	Garage
<input type="checkbox"/> Egress Windows	<input type="checkbox"/> Other	Total Square Foot
		Accessory Structures
		Crawl Space

Commencement Date	Expected Completion Date	Estimated Cost of Project \$
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### Project Description

Neighborhood Revitalization Plan
This program is designed to give property owners the opportunity to receive a five or ten year incremental rebate on the additional property taxes that may be incurred as a result of constructing new buildings or making improvements to existing ones. Certain eligibility requirements and deadlines must be met to qualify for the plan. Building Inspections can provide more information regarding this program.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Date
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Office Use Only	Permit Fee \$ _____	Permit # _____
		Permit Issue Date _____