

CITY OF ST. FRANCIS, KANSAS

PERMIT FOR CONSTRUCTION

Name: _____ Date: _____

Address: _____ Lot: _____ Block: _____

Phone # Day: _____ Night: _____

Location of construction: _____

Type of construction: _____

Type of materials to be used: _____

Contractor name: _____

Contractor Insurance Co. name & #: _____

Total cost of project: _____

Date construction to be completed: _____

Check all of the following that apply to this permit:

Water tap ¾" _____ 1" _____ Sewer Tap _____

Electric service underground _____ overhead _____

Electric voltage 120/240 _____ 240/480 _____ Total amps 100 _____ 200 _____

Single phase _____ 3 phase _____ Air conditioning YES _____ NO _____

Type of heating system : gas _____ electric _____ efficiency rating: 80% _____ 90% _____

Comments: _____

Applicant signature: _____

City Superintendent signature : _____

Fee: _____ Paid date: _____ Receipt #: _____

NOTE: ALL CONSTRUCTION SHALL BE AT LEAST THREE FEET (3') AWAY FROM THE PROPERTY LINES AT THE DRIP LINE OF THE BUILDING. THE BUILDING SHALL BE TWENTY-FIVE FEET (25') BACK FROM THE FRONT STREET EASEMENT AT THE DRIP LINE. THE CITY OF ST. FRANCIS, KANSAS, SUGGESTS THAT ALL NEW CONSTRUCTION BE ELEVATED AND SHOULD BE SURVEYED BY A LICENSED ENGINEER.

NOTE: THIS PERMIT IS VALID FROM THE DATE OF ISSUANCE TO THE COMPLETION DATE AS NOTED ABOVE OR FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE OF ISSUANCE, WHICHEVER PERIOD IS LONGER. IF THE WORK IS NOT COMPLETED WITHIN THE ALLOTTED TIME FRAME, A NEW PERMIT PLUS APPLICABLE FEES WILL BE REQUIRED.
