

CONSTRUCTION APPLICATION PERMIT

APPLICATION INFORMATION:

DATE OBTAINED: _____

PARCEL ID: _____ QR: _____

OWNER NAME: _____ PHONE: _____

CURRENT MAILING ADDRESS: _____

CITY: _____ ZIP: _____

CONSTRUCTION ADDRESS: _____

NRP: YES ☐ NO ☐

CONTRACTOR NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

ESTIMATED IMPROVEMENT COST: _____

CONSTRUCTION TYPE: SINGLE FAMILY ☐ MULTI FAMILY ☐ MODULAR ☐ MANUFACTURED
HOME SINGLE WIDE ☐ DOUBLE WIDE ☐ AG BUILDING ☐ SHED ☐ DEMO ☐ CELL-TOWERS ☐
COMMERCIAL BUILDING ☐ SOLAR-PANELS ☐

CONSTRUCTION TYPE SPECIFIED: _____

BEDROOMS: _____

#BATHROOMS: _____

EST. SQ FT: _____

COMMERCIAL TYPE BUILDING: _____

SQ FT: _____

INCLUDED PLANS/SPECS: _____

I (we) the undersigned property owner(s) of record hereby authorize the filing of this application and declare that all required materials are submitted along with the application and that the information and materials submitted are complete and accurate. I (we) hereby acknowledge that this permit will be processed in sequence with respect to other submittals.

OWNER/AGENT SIGNATURE: _____

CONTRACTOR SIGNATURE: _____

RETURN TO COUNTY APPRAISER,
PO BOX 352 COLUMBUS, KS 66725

PHONE: 620-429-9500 OPT 3

OFFICE USE: _____

NRP PROJECT #: _____

PROPERTY LOCATION: _____

QR: _____

PARCEL: _____

ACREAGE/FLOOD ZONE: _____

PROOF OF LICENSE INSTALLER FOR MH _____ NOTIFY OF NEIGHBORHOOD REVITALIZATION PLAN IN COUNTY CLERKS OFFICE _____
PROOF OF MH YEAR (MUST BE 1976 AND NEWER) _____