

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) _____