



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 6:30P.M.

BUILDING AND MOBILE HOME PERMIT APPLICATION INCLUDING DEMOLITION AND MODULAR HOMES

**THIS PERMIT IS IN EFFECT FOR 180 DAYS FOLLOWING DATE OF APPROVAL
IF PROJECT IS NOT COMPLETED, A NEW PERMIT MUST BE OBTAINED.**

WORK CANNOT COMMENCE UNTIL PERMIT IS APPROVED BY CITY OF LEOTI

Property Address and/or Location: _____

Owner Name: _____ Renter (If Applicable): _____

Phone Number of Property Owner: _____

Property Legal Description: Block No. _____ Lot No. _____ Addition: _____

Description of Planned Work:

General Information

*Planned Square Footage: _____ Height: _____ Stories: _____ Basement: _____

Not Applicable for Fencing

Estimated Cost: \$ _____ Start Date: _____ End Date: _____

Contractor(s) Name: _____

**Contractor(s) Address: _____

** Contractor (s) Phone Numbers: _____

** Contractors are **REQUIRED** to have a current license with City of Leoti paid on file at the time of application. **

** Concrete Contractors **CANNOT** dump excess concrete or dump their traps in the alleys or on dirt roads **

** Whoever is pouring the concrete (i.e. the company) needs to be put down as a Contractor and must be licensed with the City. **



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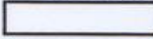

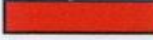
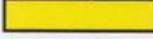
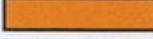

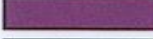

Type of Improvement	Proposed Use	Roof	Heating Method
<input type="checkbox"/> New Building	<input type="checkbox"/> Commercial	<input type="checkbox"/> Wood	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Addition	<input type="checkbox"/> Residential	<input type="checkbox"/> Metal	<input type="checkbox"/> Other - Specify Below
<input type="checkbox"/> Remodel	<input type="checkbox"/> Industrial	<input type="checkbox"/> Concrete	_____
<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Shingles	Covering - Exterior Walls
<input type="checkbox"/> Destruction	<input type="checkbox"/> Rental	<input type="checkbox"/> Other - Specify Below	<input type="checkbox"/> Masonry
<input type="checkbox"/> Roofing/Siding	<input type="checkbox"/> Storage Shed	_____	<input type="checkbox"/> Wood
<input type="checkbox"/> Other - Specify Below	<input type="checkbox"/> Other - Specify Below	_____	<input type="checkbox"/> Metal Composition
		Structure - Frame	<input type="checkbox"/> Vinyl
Foundation	<input type="checkbox"/> Carport (Attached)	<input type="checkbox"/> Masonry	<i>*Above Materials Expected to be New</i>
<input type="checkbox"/> Concrete	<input type="checkbox"/> Carport (Detached)	<input type="checkbox"/> Steel	<input type="checkbox"/> Other - Specify Below
<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Garage (Attached)	<input type="checkbox"/> Concrete	_____
<input type="checkbox"/> Wood	<input type="checkbox"/> Garage (Detached)	<input type="checkbox"/> Wood	_____
<input type="checkbox"/> Other - Specify Below	_____	<input type="checkbox"/> Other - Specify Below	_____

DIG SAFE TICKET #: _____

**Please call 1-800-DIG-SAFE (1-800-344-7233) or DIAL 811 if you will be digging at any rate on your property. **

** <http://kansasonecall.com/> **

**UNIFORM COLOR CODE
FOR MARKING
UNDERGROUND UTILITY LINES**

	PROPOSED EXCAVATION
	TEMPORARY SURVEY MARKINGS
	ELECTRIC POWER LINES, CABLES, CONDUIT AND LIGHTING CABLES
	GAS, OIL, STEAM, PETROLEUM OR GASEOUS MATERIALS
	COMMUNICATION, ALARM OR SIGNAL LINES, CABLES OR CONDUIT
	POTABLE WATER
	RECLAIMED WATER, IRRIGATION AND SLURRY LINES
	SEWERS AND DRAIN LINES

CALL BEFORE YOU DIG!

Dig Safely.

1-800-344-7233
WICHITA: 687-2470
KANSAS ONE-CALL SYSTEM, INC.

**KANSAS ONE-CALL
LOCATE REQUEST INFORMATION**

CONTRACTOR I.D. #

DURATION

NATURE OF WORK


COUNTY / CITY

JOB LOCATION

TOWNSHIP / RANGE / LOCATION

PERSON CALLING

COMPANY TEL. #

 **CALL 2 WORKING DAYS
BEFORE YOU DIG
IN KANSAS**

"IT'S THE LAW"
KS: 1-800-344-7233
WICHITA: 687-2470
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Refer to Ordinance 2016-06 for Additional Information

Setbacks for commercial, industrial, and mobile home parks are different from the information provided on this permit.

REQUIRED RESIDENTIAL SETBACKS FROM PROPERTY LINES: FRONT

YARD – 15 FEET SIDE YARD- 5 FEET REAR YARD – 5 FEET

Please note, corner lots have two or more front yards.

PLOT PLAN WITH UTILITY LOCATIONS MUST BE DRAWN BELOW.

PLOT PLAN

LABEL STREETS AND LOCATION ON DRAWINGS, MEASUREMENTS REQUIRED FROM ALL SIDES, BE SURE TO MARK ALL UTILITY LOCATIONS, INDICATE NORTH DIRECTION ON MAP WITH AN ARROW.

North

West

East

South



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I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of Laws and Ordinances Governing this type of work will be compiled with whether specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant agrees to locate his or her own property boundary lines. The City of Leoti has no responsibility for the location of property boundary lines or terms of property ownership, and the applicant understands and accepts the City's position. The City does not provide any type of survey assistance for individual property.

*I hereby agree, upon the condition of the issuance of a permit as requested in this application, to indemnify and hold the same City free from loss, liability, or damage which may result from my actions hereunder. Also, **I hereby agree to pay a non-refundable \$25.00 application fee** for the City Building/Mobile Home Permit, which includes demolition and modular homes.*

Applicant Signature (Owner): _____

Date: _____

X _____
Signature of City Official Verifying Setbacks Date

X _____
Signature of Planning and Zoning Member Approving Permit Date

X _____
Signature of Planning and Zoning Member Approving Permit Date

X _____
Signature of City Official Approving (only if 2 Planning and Zoning do not agree.) Date