



# Building Permit Application

Community Development/Planning Dept.  
401 N. Madison St., Spring Hill, KS 66083  
(913) 592-3657 • (913) 592-5040 FAX  
planning@springhillks.gov • www.springhillks.gov

<b>OFFICE USE ONLY</b>
Building Permit: _____
Sewer Permit: _____
Water Permit: _____
Authorized by: _____
Date: _____
Permit Fee \$ _____

## To the City of Spring Hill, Kansas:

The undersigned is the owner – duly authorized agent – contractor of the owner of the following described real property located at Address: \_\_\_\_\_ in Spring Hill, **Johnson** or County, Kansas, **Miami**

Legal Description: \_\_\_\_\_ and hereby applies for a Building Permit for the construction or remodel of:

General description of building or structure \_\_\_\_\_

- TYPE OF PROJECT (check one):     Commercial Building     Residential Building
- FLOOR AREA Sq.Ft. 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_
- FINISHED BASEMENT Sq.Ft. \_\_\_\_\_ UNFINISHED BASEMENT Sq.Ft. \_\_\_\_\_
- GARAGE Sq.Ft. \_\_\_\_\_ OTHER (brief description) \_\_\_\_\_

<b>NEW CONSTRUCTION</b> Approximate cost of new 1 and/or 2 dwelling is selling price of house minus lot cost minus sewer and water cost: \$ _____
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<b>OTHER CONSTRUCTION</b> Approximate cost of project (labor & materials): \$ _____
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## Contractor Information

Name: \_\_\_\_\_ Check One:  Owner  Agent  Contractor

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

**Mechanical Contractor**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

**Electrical Contractor**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

**Plumbing Contractor**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

**Framing Contractor**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # & Jurisdiction: \_\_\_\_\_

*I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Spring Hill covering this type of work. I state that the work done is performed by the licensed contractor as stated above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.*

Applicant Name (print) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date \_\_\_\_\_

**Please refer to the Building Requirements Checklist for details regarding the application submittal process.**