



Building Permit Application (Residential Projects)

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

Permit No. _____
Approved By: _____
Date: _____
Permit Fee (including Plan Review Fee): \$ _____

NOTE: This form is not for new home construction.

PROPERTY ADDRESS _____ ZONING _____

OWNER OF PROPERTY _____ PHONE _____

Description of Project (include detailed plan drawings with permit application):

Floor area of building project (square feet): _____

Approximate cost of project (labor and materials) \$ _____

Note: The permit fee is based on the construction cost of project.

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: _____

Additional Submittal Information:

- **Submit** a plot plan drawing or mortgage survey, indicating the construction location in relation to the property lines and the house or business. For interior remodels, please submit a plan drawing, showing the remodel room sizes and uses, doors and windows, and room uses of adjoining/existing rooms.
- **Call** before you dig by calling the Kansas One Call System at (800) 344-7233 and Public Works at (913) 592-3317.
- **Inspections:** Please contact the City of Spring Hill for all required inspections at (913) 592-3657.

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 _____

Before any work may commence, all pertinent permits must be obtained.