Metropolitan Area Building & Construction Department

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

Residential Building Permit Application

Date: _____ Permit #: _____

Address City State Zip

Addition Lot(s) Block Zoning Parcel #

Contractor License # Phone Email

Owner Phone Email

Subcontractor Information (Check the box if you will have a sub on the trades below. Check the box even if the sub is unknown at this time.)

☐ Electrical _____ ☐ Plumbing _____

For Plumbing: AAV Yes☐ No☐ Unknown☐

Private Side Service Line Material & Size: _____

☐ HVAC _____ Structure Primary Plumbing Material:_____

Structure Secondary Plumbing Material: _____

☐ Fireplace _____

Type of improvement: (Check one.)

☐ New Building ☐ Addition ☐ Interior Remodel ☐ Manufactured Home ☐ Swimming Pool ☐ Carport ☐ Other (specify)

Proposed Use: (Check one.)

☐ 1 family ☐ 2 family ☐ Storage shed ☐ Detached garage ☐ Agriculture Building

Utility Meter: (Check one.)

☐ None ☐ Yes-Utility Set by a utility company ☐ Yes-Private Set by a licensed electrical contractor

Water: (Check one.)

☐ City Water ☐ Private Well ☐ Rural Water

Sewer: (Check one.)

☐ City Sewer ☐ Septic ☐ Lagoon ☐ Advanced Wastewater System

Please Enter the Applicable Square Footage Below:				*General Building Information*		
1st Floor	2nd floor	Basement (finished)	Basement (unfinished)	Height	Stories	
Attached Garage	Porch	Deck	Covered Patio	Bedrooms	Bathrooms	Fireplace(s)

Valuation of Project (New or Remodel) $_____

Description of Work

_____

_____

All provisions of laws, resolutions and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local Law, regulation, construction or the performance of construction.

Applicant's Signature Date

BUILDING SETBACKS – OFFICE USE ONLY

Front Yard	Side Yard	Rear Yard
Easement/Reserves		