

Permit No. _____

BUILDING PERMIT APPLICATION
Pottawatomie County Office of Planning and Zoning
207 N 1st St P.O. Box 288
Westmoreland, KS 66549
Phone 785-457-3551
Fax 785-457-3591

Applicant Information

Name of Applicant _____ Phone _____

Present Address _____

City _____ State _____ Zip _____

Mobile Home Information (for mobile homes less than 22' wide)

Market Value \$ _____

Make of Model _____ Size _____ Year _____

To be Occupied By: Property Owner _____ Relative _____ Employee _____

Site Built/ Modular Home Information

Square Footage: Basement _____ 1st Floor _____

2nd Floor _____ Attached Garage _____

Total No. of (all floors): Bedrooms _____ Baths _____

Contractor: Name _____

Address _____

City _____ State _____ Zip _____

Market Value \$ _____

Miscellaneous Construction

Addition Sq. Footage/ Dimensions _____ Market Value \$ _____

Garage (detached) Sq. Footage/ Dimensions _____ Market Value \$ _____

Accessory Bldg Sq. Footage/ Dimensions _____ Market Value \$ _____

Farm Bldg Sq. Footage/ Dimensions _____ Market Value \$ _____

Other _____ Sq. Footage/ Dimensions _____ Market Value \$ _____

Utilities

Gas: Propane Natural

Water: Rural Well City

Electric: BlueStem Westar

Wastewater: Septic Lagoon Sewer District

Required Before Building Permit will be Issued

Health Permit Issued By County Sanitarian: _____

Entrance Approved By County Engineer: _____

Notes: _____

If Building in an area that Requires Development Plans to be Approved

Plans Approved by Developer/Homeowners Association: _____

(Signature of Developer/Homeowners Association)

Unified Development Plan (copies may be obtained from the Zoning Office)

Applicant Agrees to Abide by the County's Unified Development Ordinance

Date: _____ Property Owners Signature: _____

For Zoning Office Use

Site Address: _____

Twp Code _____ RE# _____

Zoning _____ S-T-R _____

Record# _____ Plan _____

Covenants Yes No School District _____

Flood Plain _____ Panel # _____

Lot of Record Yes No Parcel # _____

Legal Description _____

Acres _____

Temporary Permit Yes No 4 Mo. 6Mo. 12 Mo. Expires: _____

Farm Exempt Yes No

Approved: Yes No

By: _____ Date: _____
(Zoning Administrator)

By: _____ Date: _____
(Code Enforcement Officer)

Fee \$ _____

Penalty \$ _____

Total \$ _____

*Please be sure to abide by the required building setback regulations.
Front yard setbacks are measured from the road right-of-way.
If individual plats have a greater setbacks than county minimum, you must follow the plat setback requirements.*

Setbacks: Front _____ Side _____
Side _____ Rear _____

Notes: _____

