

**City of Bonner Springs
Building/Codes Department**

Phone 913-667-1710

FAX 913-441-8199

FOR OFFICE USE ONLY

Permit No. _____

Occupancy: _____

Zoning: _____

Reviewed: _____

Fee: _____

CONSTRUCTION PERMIT APPLICATION

PROJECT ADDRESS: _____

LEGAL DESCRIPTION: _____

LOT

BLOCK

SUBDIVISION

APPLICANT NAME: _____

ADDRESS: _____ **PHONE:** () _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TYPE OF PERMIT _____ **ESTIMATED VALUE** _____

SQUARE FEET _____ **NO. BEDROOMS** _____ **NO. BATHROOMS** _____

WORK DESCRIPTION: _____

NEIGHBORHOOD REVITALIZATION PROGRAM: Your property ___Is/___Is not located in a Revitalization Program area. It is the property owner's responsibility to apply for the program upon issuance of the building permit, but no later than 30 days of issuance of the building permit. Application and copy of rules provided to applicant. Staff initials: _____

Located in Floodplain? Y / N

All contractors and subcontractors shall be licensed to do business in the City of Bonner Springs.

CRAFT	CONTRACTOR	PHONE NO.	CITY OCC. LICENSE
General			
Electrical			
Mechanical			
Plumbing			

"I certify the information contained in this application is true and correct and that if the Building Official questions any of the figures, that I will be required to meet with the Building Official to resolve those possible differences and may be required to resubmit a new application."

APPLICANT SIGNATURE: _____

DATE: _____

* Permits expire: 12 months from date of issue for residential and 24 months from date of issue for commercial.