



**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: IPC UPC)

HVAC _____

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		
1 st Floor	2 nd 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		