## APPLICATION FOR BUILDING PERMIT Office of City Clerk New Strawn, Kansas

Date Received/Fee Pd:		Permit No:	Date of Issuance:	
Name of Prope	erty Owner			
Mailing Addre	ess:		HAPT C	
Phone	<u> </u>			
Location	Block No	Lot No.		
Location.	Street	Lot No Number		
StreetExisting Use:		Site Plan Require	ed: Yes No	
Zimothig Cool				
		OTHER INFORMATION	7	
Туре	of Improvement	Use		
	Construction	One Famil	One Family Dwelling	
Addit	tion	Two or M	Two or More Family Dwelling #	
Repai	īr	Garage		
Other—Specify		Carport		
	<b>1 V</b>	Other—Sr	pecify	
Estimated Cos	t of Improvement \$			
		 accessory building permits)		
Type	of Frame	Type of Heat		
Wood	i	Propane G	<del>d</del> as	
Concrete		Natural Ga	Natural Gas	
Steel			Electricity	
Other—Specify				
	<u></u>	Other—Sp	ecify	
Central Air Co	onditioning: Yes No			
Dimensions:		Number of Bathrooms:		
Number of Stories:		Fire Place: Yes	Fire Place: Yes No No	
Total Sq. Ft. of Exterior:		(If Yes) Type of	(If Yes) Type of flue lining:	
Type of Exterior Finish:		_ ` ` ' '.	<u> </u>	
Contractor:		Address:		
(Must be licen	used with the City)			
and electrical	contractors.	nust have current license with		
the City free fr City building c Signature of A	om all loss, liability or damag code will be brought into com pplicant:			
reast provide	a drawing or the project of	i the back of application of at	ididonal succi	
			·	
Meets City (	Code Requirements	Date Revie	ewed By Council	
-	-		•	
Meets Zoning Requirements		Meets Setback Requirements		
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