

CLAY COUNTY, KANSAS
APPLICATION FOR BUILDING PERMIT

OFFICE USE ONLY

Parcel # _____	Permit # _____	Date: _____
Flood Zone Map # _____	Flood Zone # _____	Entered Permit on CAMA: _____
Permit Mailed: _____	Finished CAMA Date: _____	Int: _____

Application is hereby made to:

BUILD _____ REMODEL _____ MOVE _____ DEMOLISH _____

LOCATION:

Sec-Twp-Rng: _____ - _____ - _____ Qtr Section: _____
Site Address: _____

PROJECT DESCRIPTION:

Estimated Cost: _____

Type / Purpose: _____

Materials: _____ Size: _____

Contractor: _____

(Drawing Plans should be done on 8x11 unless otherwise requested.)

STATEMENT OF OWNER:

I, _____ (Please Print)

hereby certify the above described land is owned and controlled by me. I acknowledge the above statement as true. I submit this application on the _____ day of _____, _____.

Signed: _____

Mailing Address: _____

Daytime Phone Number: _____

All the requirements of the Zoning Master Plan of Clay County, Kansas, regarding this permit are hereby subscribed to and agree to:

Date: _____ Signed: _____

Permit Inspector

Permit as of this date is: (Circle one) Approved Disapproved

Date: _____ Signed: _____

Appraiser's Office