

Date Obtained: \_\_\_\_\_

Permit Number: 20\_\_\_\_-\_\_\_\_\_

CONSTRUCTION APPLICATION

For All Rural Un-Incorporated Areas of Crawford County, Kansas  
Applications to be submitted to: Crawford County Zoning Department  
111 E. Forest, Ste M ----- Girard, KS 66743

TYPE OF CONSTRUCTION:

New Single Family Residence:\_\_\_ Modular:\_\_\_\_\_ Pre-Fab: \_\_\_\_\_Double Wide:\_\_\_\_\_ Storm Shelter:\_\_\_  
Commercial Structure: XX Addition/Remodeling:\_\_\_\_\_ Garage:\_\_\_\_\_ Car Port:\_\_\_\_\_ Single Wide:\_\_\_\_\_  
Agriculture Structure: \_\_\_\_\_ Decks/In Ground Pools/Basements:\_\_\_\_\_ Other Structures:\_\_\_

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\$125.00 Fees for ALL SITE BUILT CONSTRUCTION (new homes/additions/modular's/garages)  
\$75.00 Fees for Foundations only, Decks, Basements, Pools (in ground &/or above ground) & Storm  
Shelters(outside of a dwelling and new shelter added to pre-existing structures)  
\$150.00 Fees for ALL COMMERCIAL CONSTRUCTION (remodeling & additions too)

Site Plans Required With ALL Applications

Fees are exempt from Agriculture Construction Buildings

.....  
(non-refundable application/processing fee)

NAME OF APPLICANT:\_\_\_\_\_ PHONE:\_\_\_\_\_

PRESENT MAILING ADDRESS:\_\_\_\_\_

CITY/STATE/ZIP:\_\_\_\_\_ CELL OR WK. PHONE:\_\_\_\_\_

**GENERAL CONSTRUCTION (site built, modular, pre-fabricated, etc) (Answer from 1 to 6)**

- |                            |  |
|----------------------------|--|
| 1. Square Footage of:      | 2. Total Number of Bedrooms_____             |
| Basement_____              | 3. Number of full/half Bathrooms___ - _____  |
| 1 <sup>st</sup> Floor_____ | 4. Date Construction to start: _____, 20____ |
| 2 <sup>nd</sup> Floor_____ | 5. Attached or Detached Garage:___X_____     |
| Total Living Area:_____    | 6. Cost of Construction: \$_____             |

REMODELING AND/OR ADDITIONS TO EXISTING STRUCTURE:

Type of Addition:\_\_\_\_\_

Square Footage of Addition:\_\_\_\_\_ Cost or Market Value: \$\_\_\_\_\_

Type of Remodeling:\_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range

SUBDIVISION NAME:\_\_\_\_\_

Lot(s)\_\_\_\_\_ in Block \_\_\_\_\_ Acreage:\_\_\_\_\_

Direction to or location of the proposed development (NOT 911 ADDRESS PLEASE):

**MISCELLANEOUS CONSTRUCTION:**

**(Garages/Barns/Decks/ Pools/Sheds)**

TYPE OF:	Square Footage Or Dimensions	Cost or Market Value
Other Structure: _____	_____	_____
Other Structure: _____	_____	_____

**FLOOD PLAIN INFORMATION SECTION:**

Flood Zone Review Done: \_\_\_\_\_, 20\_\_\_\_  
Approval to proceed with construction: \_\_\_\_\_ Reason if NO: \_\_\_\_\_

Panel Map # \_\_\_\_\_ or Copy of map attached: \_\_\_\_\_

Any special flood plain forms required (yes/no) If yes, they are:  
\_\_\_\_\_  
\_\_\_\_\_

**REVIEWED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20\_\_\_\_

**CONTRACTOR(S) INFORMATION SECTION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_

**COMMERCIAL BUILDING:**

NAME OF BUSINESS: \_\_\_\_\_  
OWNER OF BUSINESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/ST/ZIP: \_\_\_\_\_  
TYPE OF ZONING: \_\_\_\_\_ NUMBER OF PARKING SPACES: \_\_\_\_\_  
AMENDMENTS TO EXISTING TOWERS: \_\_ YES \_\_ NO. If yes, on separate sheet explain and provide site plans/drawings indicating said changes, additions, amendments to tower.  
HAS PROPERTY BEEN ZONED PROPERLY? IF SO WHEN: \_\_\_\_\_  
SET BACKS FROM COUNTY OR STATE HIGHWAY: \_\_\_\_\_  
SET BACKS FROM FRONT/SIDES/BACK OF PROPERTY: \_\_\_\_\_  
SQUARE FOOTAGE OR DIMENSIONS OF BUILDING: \_\_\_\_\_ X \_\_\_\_\_  
MARKET VALUE OR COST OF CONSTRUCTION: \$ \_\_\_\_\_

**MANUFACTURED HOME INFORMATION:**

**Make or Model:** \_\_\_\_\_ Year: \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_  
To Be Occupied by: Property Owner: \_\_\_\_\_ Relative: \_\_\_\_\_ Employee: \_\_\_\_\_  
Type of Tie Downs: \_\_\_\_\_ Foundation Information: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_ Basement: \_\_\_\_\_ X \_\_\_\_\_ sq ft. Cost: \_\_\_\_\_  
Garage: \_\_\_\_\_ X \_\_\_\_\_ Number of Restrooms: \_\_\_\_\_ Total Living Area: \_\_\_\_\_  
Installer of Manufactured Home: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

**\*\*PERMITS FOR A SINGLE WIDE &/OR DOUBLE WIDE MANUFACTURED HOME, PROOF OF AGE BY TITLE IS REQUIRED PRIOR TO ISSUANCE OF THE BUILDING PERMIT. (Ref: Article 1-104 #133, Article 18-107, "Shall be manufactured after June 15, 1976" per National Manufactured Home**

**GENERAL INFORMATION:**

**WIND TURBINES: SIZE IN HEIGHT:** \_\_\_\_\_ **NUMBER OF BLADES:** \_\_\_\_\_  
**SIZE OF BLADES:** \_\_\_\_\_

(True location must be shown on site plan sketching. Fall zones distances as well)

Utilities: Ks Gas: \_\_\_\_\_ Propane: \_\_\_\_\_ Natural: \_\_\_\_\_  
Water: Rural \_\_\_\_\_ Well: \_\_\_\_\_ City: \_\_\_\_\_  
Electric: WESTAR: \_\_\_\_\_ Heartland: \_\_\_\_\_ Total Electric: \_\_\_\_\_  
Wastewater: Septic: \_\_\_\_\_ Lagoon: \_\_\_\_\_ Sewer District: \_\_\_\_\_ City: \_\_\_\_\_  
If the intent is to use existing septic system, has it been reviewed by Environmental Office: \_\_\_\_\_  
Will there be school aged children? \_\_\_\_\_ School District: \_\_\_\_\_  
Have you contacted the rural water district for connection? If so: who and  
when: \_\_\_\_\_

**STORM SHELTER:**

Will you construct or place a storm shelter on your property or within the confines of your home: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please complete the enclosed sheet and return with this application.

**911 Address:** \_\_\_\_\_

(For this address, Contact the 911 Addressing Service at 620-724-7155.

PLEASE BE SURE ALL AREAS MARKED ARE COMPLETED AND SITE PLANS ACCOMPANY THE APPLICATION.

\*NOTE: If you are building in a platted subdivision, have you checked to be sure if there are restrictive covenants?\* Legal description of property may be obtained from a tax roll statement.

\*NOTE: Please be sure to abide by the required building setback regulations. Front Yard setbacks are measured from the road right of way. Individual plats may have greater setbacks than county minimum. If so, you must follow the plat set back regulations. Site plan sheet provided.

\* NOTE: If applicable, it is highly recommended that a determination be made as to water availability to desired site.

**THIS APPLICATION SHOULD BE RETURNED TO THE ZONING OFFICE WITHIN SIX (6) MONTHS FROM THE DATE IT WAS OBTAINED. IF EXTENSION TIME IS NEEDED DEVELOPER/OWNER/APPLICANT SHALL PHONE THE ZONING OFFICE (620-724-6168) AND REQUEST SAID EXTENSION.**

**I HEREBY ACKNOWLEDGE THAT INFORMATION PRESENTED IS CORRECT AND THAT I WILL COMPLY WILL ALL APPLICABLE REGULATIONS OF CRAWFORD COUNTY, KANSAS. I understand it is my responsibility to make application through the County Road and Bridge Department for an entrance or culvert and will comply with all requirements set forth. And I further acknowledge that I am fully aware of the regulations pertaining to hard surface drive ways, placement of mailboxes and fencing \_\_\_\_\_(Initials).**

DATE: \_\_\_\_\_  
*Signature of property owner or representative/agent*

\*\*\*\*OFFICE USE ONLY\*\*\*\*

Zoning: \_\_\_\_\_ Permit #: \_\_\_\_\_

Parcel Id. Number: \_\_\_\_\_ (\_\_\_\_\_) Number of Acres: \_\_\_\_\_

Temporary Permit: \_\_\_\_\_ MO. Stipulations to Development: \_\_\_\_\_

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Receipt Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

Date of Review by Zoning Administrator: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_

CHECKS ARE PAYABLE TO: CRAWFORD COUNTY ZONING DEPT.

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Type of Wastewater System to be used for new construction: \_\_\_\_\_ obtained? \_\_\_\_\_  
Application for new system to Environmental Health Office on: \_\_\_\_\_ Fees paid? \_\_\_\_\_

**Both payments for building and wastewater permits are to be sent in at the same time.**

**STEPS TO BE TAKEN BY APPLICANT**  
**PRIOR TO ANY CONSTRUCTION OR FOUNDATION WORK !!**

- 1) Obtaining the Construction Application along with a wastewater application, if required.
- 2) Complete all areas marked on the application. (failure to complete the marked area will result in application being sent back which will delay construction and the issuance of a permit).
- 3) Once received, a review of the application along with the required sketching or site plan will be conducted by the Zoning Administrator in a timely manner.
- 4) If the required set backs are correctly indicated on the site plans, a temporary permit to begin work will be issued.
- 5) The applicant – contractor will be required to stake out the areas for the foundation, at that time, a review will be conducted by the Zoning Administrator to insure that set backs are met.
- 6) Following the review, if set backs are met, an approved permit will be issued.
- 7) Applicant's name submitted should reflect the name of the property owner not the contractor.
- 8) If development occurs within a subdivision, the restrictive covenants, should there be some filed with the final plat map, will be reviewed by the Zoning Administrator in the Register of Deeds Office for accuracy. If the site plan does not meet the covenants, the Zoning Administrator will advise the applicant/contractor.
- 9) All fees are payable at the time the application is returned to the Zoning Office.
- 10) Site plans must accompany all applications.
- 11) If applicant wishes, one (1) check maybe submitted for the payment of a construction permit and wastewater permit.
- 12) Review by the Flood Plain Administrator for Crawford County must be done before the issuance of a building permit.

(PLEASE USE THE NEXT PAGE FOR YOUR SKETCH)

\*\*\*\*\*SKETCHING\*\*\*\*\*

Indicate names or number of county road or state highways. Show distances from Right of Ways, Property Lines, & Location of Building on property, show driveway or entrance to building, and any additional buildings that maybe added. SET BACK OR DENSITY CHART INCLUDED. BE SURE TO INDICATE WHERE STORM SHELTER IS ON SITE PLAN IF LOCATED OUTSIDE STRUCTURE.

THANK YOU.

NORTH↑↑

WEST

EAST

SOUTH

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**COMPLETE ONLY IF YOU ARE DOING ONE!**  
**STORM SHELTER INFORMATION**

**BUILDING PERMIT NUMBER IF APPLICAPABLE:**

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Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

911 address if different from current: \_\_\_\_\_

Home Number: (\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

General Location/Directions to property: \_\_\_\_\_

Parcel Id Number: \_\_\_\_\_

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Legal Attached: \_\_\_\_\_

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Structure Type: \_\_\_\_\_

(B-brick, C-Concrete, M-Metal, W-Wood)

Will shelter be inside home? \_\_\_\_\_ (Yes/No) In Basement? \_\_\_\_\_ (Yes/No)

Will it be located inside garage? \_\_\_\_\_ (Yes/No)

(if yes is your garage attached or detached: \_\_\_\_\_)

If yes, please supply drawing of where the shelter would be located and on which floor of the home.

\_\_\_\_\_  
\_\_\_\_\_

If shelter is located outside the home, please indicated on site plans true location of shelter.

Will shelter be private \_\_\_\_\_ or public \_\_\_\_\_.

Shelter will house how many persons? \_\_\_\_\_

Size of Shelter: \_\_\_\_\_

Installer &/or Company of shelter:

Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**OFFICE USE ONLY**

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ Elevation \_\_\_\_\_ Stories \_\_\_\_\_

Date received: \_\_\_\_\_ Reviewed and filed: \_\_\_\_\_