



PERMIT AND INSPECTION SERVICES

PERMIT NO. _____

DATE ISSUED _____

INSPECTIONS DEPARTMENT
COFFEYVILLE FIRE DEPARTMENT
701 SOUTH WALNUT STREET P.O. BOX 1629
COFFEYVILLE, KANSAS 67337
P 620.252.6149
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WWW.COFFEYVILLE.COM

ONE AND TWO FAMILY DWELLING BUILDING PERMIT APPLICATION AND SUBMITTAL CHECKLIST

2000 INTERNATIONAL RESIDENTIAL CODE, CITY ORDINANCE G-07-11

REV 5/08

1. APPLICATION DATE: _____ 2. NAME: _____
(PRINT)

SIGNATURE

3. SITE ADDRESS: _____

OR

LEGAL DESCRIPTION: _____
LOT (S) BLOCK

SUBDIVISION

4. PROJECT OWNER INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

CELL PHONE: _____

E-MAIL ADDRESS: _____

5. PROJECT CONSTRUCTION INFORMATION

CONSTRUCTION TYPE:	<input type="checkbox"/> NEW SINGLE FAMILY	<input type="checkbox"/> NEW TWO FAMILY	<input type="checkbox"/> ACCESSORY BUILDING
	<input type="checkbox"/> ADDITION	<input type="checkbox"/> REMODELING	<input type="checkbox"/> REPAIRS
	<input type="checkbox"/> DETACHED GARAGE / CARPORT	<input type="checkbox"/> OTHER: _____	

6. BRIEF DESCRIPTION OF PROJECT: _____

7. PROJECT CONSTRUCTION VALUATION: _____
(MATERIALS AND CONTRACTED LABOR)

8. PROJECT CONTRACTOR INFORMATION

GENERAL CONTRACTOR / BUILDER

NAME: _____ COFFEYVILLE
LICENSE NO.: _____

COMPANY NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

TELEPHONE NO.: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

9. SUB-CONTRACTOR INFORMATION (IF APPLICABLE)

CONCRETE NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

FRAMING NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

ELECTRICAL NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

PLUMBING NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

MECHANICAL NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

OTHER NAME _____ COFFEYVILLE
LICENSE NO.: _____

_____ TELEPHONE NO.: _____

10. ARCHITECT / ENGINEER INFORMATION (IF APPLICABLE)

NAME _____ KANSAS LICENSE NO.: _____

_____ TELEPHONE NO.: _____

11. SINGLE FAMILY DWELLING UNIT INFORMATION - AND UNIT ONE OF A TWO FAMILY DWELLING
 (COMPLETE THIS INFORMATION FOR NEW CONSTRUCTION ONLY)

FINISHED AREA SQUARE FOOTAGE:

FIRST FLOOR _____

SECOND FLOOR _____

THIRD FLOOR _____

BASEMENT _____

UNFINISHED BASEMENT _____

GARAGE _____

12. TWO FAMILY DWELLING UNIT INFORMATION - UNIT TWO (IF APPLICABLE)
 (COMPLETE THIS INFORMATION FOR NEW CONSTRUCTION ONLY)

FINISHED AREA SQUARE FOOTAGE:

FIRST FLOOR _____

SECOND FLOOR _____

THIRD FLOOR _____

BASEMENT _____

UNFINISHED BASEMENT _____

GARAGE _____

13. CHECKLIST OF REQUIRED SUBMITTALS AND DRAWINGS

DOCUMENTS REQUIRED	NEW	ADDITION	REMODELING INTERIOR	REPAIRS	DETACHED GARAGE	ACCESSORY BUILDING
APPLICATION FORM	X	X	X	X	X	X
FLOOR PLAN	X	X	X	X	X	
PLOT PLAN WITH UTILITIES	X	X			X	X
ELEVATION DRAWING	X	X				
ELECTRICAL PLAN	X	X	X			
PLUMBING PLAN	X	X	X			

MINIMUM INFORMATION TO BE INCLUDED ON DRAWINGS:

PLOT PLAN: INDICATE THE PROPERTY LINE, PROPERTY SIZE (TO SCALE OR DIMENSIONS SHOWN), NORTH ARROW, ADJACENT STREET(S), LOCATION OF EXISTING IMPROVEMENTS, PROPOSED CONSTRUCTION, SETBACK DIMENSIONS FROM PROPERTY LINES, WATER SERVICE,

SEWER LINE, ELECTRIC LINE AND ANY EASEMENTS. INDICATE ON DRAWING OR DESCRIBE THE DIRECTION OF STORM WATER DRAINAGE AND HOW IT IS DISPERSED.

FLOOR PLAN: PLANS SHALL BE DRAWN TO SCALE OR SHOW DIMENSIONS, SHOWING WALLS, DOORS, WINDOWS AND ALL LEVELS.

ELEVATION DRAWINGS: ILLUSTRATE THE BUILDING FRONT, SIDES AND REAR VIEWS.

ELECTRICAL PLAN: INDICATE THE LOCATION AND SIZE OF NEW ELECTRICAL SERVICE AND DESCRIBE NEW PANELBOARD.

PLUMBING PLAN: INDICATE THE SANITARY SEWER LOCATION EXITING THE CONSTRUCTION AND THE TIE TO EXISTING CITY SYSTEM (IF APPLICABLE), WITH CLEANOUT LOCATIONS. INDICATE THE WATER SERVICE LINE LOCATION, SIZE AND THE TIE TO EXISTING SYSTEM (IF APPLICABLE). NOTE: SEPTIC SYSTEMS MUST BE APPROVED BY THE COUNTY HEALTH DEPARTMENT PRIOR TO START OF CONSTRUCTION.

14. ELECTION TO DO OWN WORK

AGREEMENT FOR UNLICENSED, UNCERTIFIED PERSON TO DO THEIR OWN WORK ON A ONE OR TWO FAMILY DWELLING.

IN ACCORDANCE WITH THE ABOVE REFERENCED BUILDING CODE, I, _____
HEREBY REQUEST AUTHORIZATION TO DO MY OWN WORK ON A ONE OR TWO FAMILY DWELLING,
LOCATED AT _____, LOT _____, BLOCK _____,
SUBDIVISION _____, WHICH IS EXISTING OR IN THE PROCESS OF
BEING NEWLY CONSTRUCTED.

IT IS UNDERSTOOD AND I AGREE THAT THIS AUTHORIZATION IS CONTINGENT ON THE FACT THAT I SHALL PERSONALLY PURCHASE ALL MATERIALS TO BE USED, IN THIS WORK, AND I SHALL PERSONALLY PERFORM ALL LABOR IN CONNECTION THEREWITH. IT IS FURTHER UNDERSTOOD AND AGREED THAT AS PERMITTEE AND /OR OWNER, I SHALL NOT ALLOW ANY OTHER PERSON TO DO OR CAUSE TO BE DONE AND WORK UNDER A PERMIT SECURED MYSELF, UNLESS SUCH PERSON IS A LICENSED, CERTIFIED AND BONDED CONTRACTOR OR MASTER CONTRACTOR OF THE SAID TYPE OF WORK PERFORMED.

I HEREBY CERTIFY THAT ALL WORK, FOR WHICH THIS APPLICATION IS SUBMITTED, WILL BE DONE IN ACCORDANCE WITH THE TERMS OF THE ABOVE AGREEMENT AND IN ACCORDANCE WITH THE CODES AND LAWS OF THE CITY OF COFFEYVILLE, KANSAS.

SIGNATURE

DATE

15. REQUIRED INSPECTIONS

THE FOLLOWING INSPECTIONS ARE REQUIRED FOR ONE AND TWO FAMILY RESIDENTIAL CONSTRUCTION PROJECTS WITHIN THE CITY OF COFFEYVILLE. WHEN YOUR PROJECT IS READY FOR AN INSPECTION, YOU MAY CALL (620) 252-6149, AT LEAST 24 HOURS PRIOR TO THE TIME REQUESTED FOR THE INSPECTION.

GENERAL CONSTRUCTION

- | | |
|---------------------------------|---|
| DW (DRIVEWAY) | AN INSPECTION PERFORMED TO VERIFY THAT DRIVEWAYS, SIDEWALKS AND CURB CUTS ARE CONSTRUCTED IN CONFORMANCE WITH CITY CODE AND ORDINANCE. |
| FRM (FRAMING) | AN INSPECTION OF STRUCTURAL COMPONENTS AND CONNECTIONS, LUMBER SIZE AND LOAD BEARING, AND EGRESS WINDOW SIZES, PRIOR TO SHEETROCK INSTALLATION. |
| FTG (FOOTINGS) | FOOTING INSPECTIONS CHECK THE TYPE AND BEARING OF FOUNDATIONS REINFORCEMENT, CLEARANCES AND LOCATION ON THE PROPERTY. |
| FBI (FINAL BUILDING INSPECTION) | A FINAL INSPECTION TO VERIFY ALL COMPONENTS ARE IN PLACE AND OPERATING AS INTENDED. |
| FFD (FINAL FIRE DEPARTMENT) | A FINAL INSPECTION BY THE FIRE DEPARTMENT TO VERIFY LOCAL AND STATE REQUIREMENTS FOR FIRE SAFETY, DETECTORS, |

HAZARDOUS MATERIALS, ALARM SYSTEMS, FIRE ESCAPES, MEANS OF EGRESS AND MAINTENANCE OF FIRE PROTECTION DEVICES.

PLUMBING CONSTRUCTION

- CCI (CROSS CONNECTION INSPECTION) AN INSPECTION TO VERIFY CORRECT INSTALLATION OF THE BACKFLOW PREVENTION DEVICES USED ON THE POTABLE WATER SYSTEM.
- GL (GAS LINE) A VISUAL INSPECTION OF THE GAS LINE AND CONNECTION TO THE METER. THIS INSPECTION IS DONE BY THE GAS UTILITY AND COORDINATED BY THE PLUMBING SUB-CONTRACTOR.
- RIP (ROUGH-IN PLUMBING) THIS IS AN INSPECTION OF THE UNDERGROUND DWV (DRAIN, WASTE AND VENT) AND WATER SUPPLY, WITHIN A BUILDING. THIS IS USUALLY DONE AT THE "STACK OUT" AND IS A PRESSURE TEST OF 50#PSI ON THE WATER SUPPLY, 5#PSI AIR OR 10 FOOT HEAD ON DWV SYSTEM.
- SWR (SEWER) THIS INSPECTION IS A VISUAL INSPECTION OF THE SEWER LINE IN PLACE FROM THE CLEANOUT TO THE TAP AT THE CITY MAIN.
- FP (FINAL PLUMBING) A FINAL INSPECTION AFTER ALL FIXTURES ARE INSTALLED AND CONNECTED.

ELECTRICAL CONSTRUCTION

- TP (TEMPORARY POWER) THIS INSPECTION IS FOR TEMPORARY POWER POLES INSTALLED AT JOB SITES AND/OR JOB TRAILERS FOR CONSTRUCTION AND IS TO ASSURE POLE IS STRONG ENOUGH TO WITHSTAND WIND OR WEATHER, AND GFCI PROTECTED.
- PS (PERMANENT SERVICE) A VISUAL INSPECTION OF THE INSTALLATION OR UPGRADE OF THE ELECTRICAL SUPPLY SYSTEM TO A RESIDENCE, TYPICALLY AT THE SERVICE ENTRANCE.
- RIE (ROUGH-IN ELECTRICAL) AN INSPECTION OF THE INSTALLATION OF BOXES, CONDUIT, CABLE, CONDUCTORS, ETC. PRIOR TO THE COVERING BY WALLBOARD, CONCRETE, MASONRY OR EARTH. THIS MUST BE DONE FOR ANYTHING THAT WILL NOT BE VISIBLE UPON COMPLETION OF THE PROJECT.
- FE (FINAL ELECTRICAL) AN INSPECTION THAT INSURES ALL FIXTURES, DEVICES, EQUIPMENT AND PANELBOARDS ARE INSTALLED AND OPERATING CORRECTLY.

MECHANICAL CONSTRUCTION

- RIM (ROUGH-IN MECHANICAL) AN INSPECTION OF THE DUCTWORK, PANNING, FLUES, COMBUSTION AIR, AND ALL ITEMS THAT WILL BE COVERED BY DRYWALL OR CEILINGS.
- FM (FINAL MECHANICAL) A FINAL INSPECTION AFTER ALL FINAL CONNECTIONS ARE MADE AND GRILLES ARE IN PLACE. THE SYSTEM SHALL BE OPERATIONAL

SITE CONSTRUCTION

- SPA (SITE PLAN APPROVAL) INSPECTION INCLUDES LOCATION OF CONSTRUCTION ON PROPERTY, IDENTIFICATION OF EASEMENTS, SETBACKS, LANDSCAPING, SIDEWALKS, PAVEMENT, AND GRADING.
- STW (STORM WATER) AN INSPECTION TO VERIFY COMPLIANCE WITH STORM WATER REGULATIONS AND CONTROL OF EXCESS STORM WATER DRAINAGE RETENTION AND DISPERSAL.

<i>FOR OFFICE USE</i>																	
DW	FRM	FTG	FBI	FFD	CCI	GL	RIP	SWR	FP	TP	PS	RIE	FE	RIM	FM	SPA	STW
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTION DATE																	

INITIALS																	

THIS SECTION FOR CITY REVIEW AND COMPLETION

1. **PLANNING AND ZONING:**

A. **ZONING CLASSIFICATION**

PROPOSED USE OF PROPERTY: _____

PRESENT ZONING CLASSIFICATION _____ REQUIRED ZONING CLASSIFICATION: _____

COMMENTS: _____

IS A CONDITIONAL USE PERMIT REQUIRED? YES _____ NO _____

COMMENTS: _____

IS A SPECIAL EXCEPTION PERMIT REQUIRED? YES _____ NO _____

COMMENTS: _____

IS THE PROPERTY WITHIN 500 FEET OF ANY STRUCTURE LISTED ON THE NATIONAL REGISTER OF HISTORIC SITES? YES _____ NO _____

COMMENTS: _____

B. **SET BACK AND DENSITY REQUIREMENTS**

LOCATION	EXISTING DISTANCE	REQUIRED DISTANCE
FRONT YARD	_____	_____
REAR YARD	_____	_____
INTERNAL SIDE YARD	_____	_____
EXTERNAL SIDE YARD (IF APPLICABLE)	_____	_____
MINIMUM LOT AREA	_____	_____

MINIMUM LOT WIDTH _____
MINIMUM LOT DEPTH _____
MAXIMUM LOT COVERAGE _____
MAXIMUM HEIGHT _____

IS A VARIANCE PERMIT REQUIRED? YES _____ NO _____

COMMENTS: _____

C. OFF-STREET PARKING AND LANDSCAPING REQUIREMENTS

COMMENTS: _____

2. ENGINEERING:

A. SITE

IS THE PROPERTY IN A FLOOD HAZARD ZONE? YES _____ NO _____

COMMENTS: _____

ARE CURB CUTS COMPLIANT? YES _____ NO _____

COMMENTS: _____

IS DRIVEWAY COMPLIANT? YES _____ NO _____

COMMENTS: _____

DOES THE SITE GRADING ADEQUATELY ADDRESS STORM WATER DRAINAGE, RETAINAGE OR CONTAINMENT? YES _____ NO _____

COMMENTS: _____

3. WATER/WASTEWATER:

IS ADEQUATE WATER SERVICE AVAILABLE TO THE SITE?

YES _____ NO _____

COMMENTS: _____

IS ADEQUATE SANITARY SEWER SERVICE AVAILABLE TO THE SITE? IF NO, HAS AN APPROVAL BEEN GIVEN BY MONTGOMERY COUNTY HEALTH DEPARTMENT FOR A SEPTIC OR LAGOON SYSTEM?

YES _____ NO _____

COMMENTS: _____

IS GAS SERVICE REQUIRED TO THE SITE?

YES _____ NO _____

COMMENTS: _____

IS ADEQUATE INFORMATION SUBMITTED TO ISSUE A PERMIT?

YES _____ NO _____

COMMENTS: _____

4. **ELECTRICAL:**

IS ADEQUATE ELECTRICAL SERVICE AVAILABLE TO THE SITE?

YES _____ NO _____

COMMENTS: _____

IS ADEQUATE INFORMATION SUBMITTED TO ISSUE A PERMIT?

YES _____ NO _____

COMMENTS: _____

5. **APPROVAL:**

INSPECTIONS: _____ DATE: _____

ENGINEERING: _____ DATE: _____

PLANNING: _____ DATE: _____

WATER/WASTEWATER: _____ DATE: _____

ELECTRICAL: _____ DATE: _____