



www.coffeyville.com  
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City of Coffeyville  
P.O. Box 1629  
Coffeyville, Kansas 67337

Building Official  
P (620) 252-6128  
F (620) 252-6175

PROJECT NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

DATE ISSUED. \_\_\_\_\_

## ONE AND TWO FAMILY DWELLING BUILDING PERMIT APPLICATION AND SUBMITTAL CHECKLIST

2018 INTERNATIONAL RESIDENTIAL CODE , CITY ORDINANCE G-21-01

REV 08/17

1. **Application Date:** \_\_\_\_\_ 2, **Name:** \_\_\_\_\_  
(Print)

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:  New Single Family  New Two Family  Accessory Building  
 Addition  Remodeling  Repairs  
 Detached Garage / Carport  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**

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**

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 system (if applicable), with cleanout locations. Indicate the water service line location, size and the tie to existing system (if applicable).

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.

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**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><b>FOR OFFICE USE</b></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 _____																	

**CONTACTS:**

Water/Wastewater Department .....(620) 252-6139 (Jim Bradshaw)  
 Electric Utility Department..... (620) 252-6187 (Bruce Bell)  
 Atmos Energy (Gas Service)... Toll Free (888) 442-1313

**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**

<b>LOCATION</b>	<b>EXISTING DISTANCE</b>	<b>REQUIRED DISTANCE</b>
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: \_\_\_\_\_  
\_\_\_\_\_

**B. Site Stormwater Regulations**

Will The Project Excavation Disturb One (1) Acre Or More Of Soil?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is The Project Part Of A Larger Development That Will Disturb One (1) Acre Or More Of Soil?

Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either question is "YES" the owner must submit a "Notice Of Intent" (NOI) with a Stormwater Pollution Prevention Plan (SWPPP) to the Kansas Department Of Health And Environment (KDHE). A copy of the "NOI" and the "SWPPP" must be submitted to the City before soil is disturbed.

Has a "NOI" & "SWPPP" Been Submitted to KDHE And A Copy Submitted To the City?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

After final vegetation has been established on the site and approved by the City, a copy of the "Notice Of Termination" (NOT) must be submitted to the City for approval. After approval by the City the "NOT" must be submitted to KDHE.

Has Owner Been Notified That a "NOT" Must Be Approved By The City And Then Submitted To KDHE After Final Vegetation Is Established?

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

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 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: _____
Stormwater:	_____	Date: _____
Planning:	_____	Date: _____
Water/Wastewater:	_____	Date: _____
Electrical:	_____	Date: _____