



Metropolitan Area Building & Construction Department

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

Residential Building Permit Application

Date:			Permit #:				
Address			City	State	Zip		
Addition	Lot(s) Block	Zoning		Parcel #		
Contractor			License #		Phone Email		
Owner	ner		Phone		Email		
_	ation (Check the box if y		\square Plumbing $_$	box even if the s			
□ HVAC □ Fireplace							
Type of improvement ☐ New Building ☐ A Proposed Use: (Check	Addition	emodel 🗖 Manufact	ured Home 🔲 Swim	ming Pool 🔲	Carport 🗖 Ot	ther (specify)	
☐ 1 family ☐ 2	family Storage	shed	garage	ulture Building			
Sewer: (Check one.)	es-Utility 🔲 Ye	es-Private a licensed electrical contractor Advanced Was	Water: (Check ☐ City Water stewater System		'ell 🔲 Rural	Water	
Please Enter the App	olicable Square Footage	e Below:			General Building Information		
1 st Floor	2 nd floor	Basement (finished)	Basement (unfinished)	Height	Height Stories		
Attached Garage	Porch	Deck	Covered Patio	Bedrooms	Bathrooms	Fireplace(s)	
Valuation of Project (I Description of Work	New or Remodel) \$						
	solutions and ordinances sume to give authority to onstruction.						
Applicant's Signature					Date		
BUILDING SETBACKS – OFFI	CE USE ONLY	Leuvi		In v			
Front Yard		Side Yard		Rear Yard			
Easement/Reserves							