

HRA-2022-001
 Approved [Signature]

APPLICATION FOR CONSTRUCTION PERMIT
 CITY OF ARKANSAS CITY, KANSAS

Date: 4/06/2022	Permit Number: 2200135	KS State Roofing #:	Permit Fee:	Plan Review Fee:	Total Fee:
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TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> CURB CUT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FENCE <input type="checkbox"/> MECHANICAL <input checked="" type="checkbox"/> PLUMBING <input type="checkbox"/> ROOFING <input type="checkbox"/> SIGN
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JOB ADDRESS: 211 S. Summit	Zone:
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Owner: Lisa Koller	Address: 20 Lakeridge Dr.	Phone: 316-250-6423
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Contractor: Air Tech	Electrician:	HVAC:	Plumber:
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Phone Number: 620-221-4944	USE OF BUILDING RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/>
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CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE
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Construction Type:	Occupancy Class:	Occupant Load:	Number of Stories:	Project Size:	Lot Size:	Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO	Floodplain Zone & Elevation:
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WORK DESCRIPTION:
 Roughing in water and drain lines for bathroom stool and lav. and for kitchen sink.

SPECIAL CONDITIONS:

IF A PERMIT IS APPLIED FOR, AND INSPECTION MUST BE SCHEDULE AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTIONS: 620-441-4420

VALUATION (INCLUDE ALL LABOR AND MATERIALS):
 \$2,500

NOTE:

That the said building shall be demolished, constructed, remodeled, or repaired in accordance with all the requirements of the laws of the state of Kansas and the ordinances of the City of Arkansas City relative to fire regulations, subdivision regulations, zoning and all other regulations controlling such work, in a substantial and workmanlike manner and according to the recognized standard methods of construction employed for the type and class of building adopted for the building; that the City of Arkansas City shall be held harmless from any and all loss and expense or liability of any kind whatsoever which the city may suffer, including all costs incurred in the defense of any suit or action resulting from the issuance of this permit, or because of the demolition of the said building or construction, thereof, or by any reason of any act or thing done by virtue of this permit.

Before starting any excavation, Kansas One Call must be contacted at 1-800-344-7233. An Asbestos Inspection may be required. Contact the Kansas Department of Health and Environment, Asbestos Control Section, 1-785-296-1550 for information. If required, a copy of the Asbestos Inspection Report shall be submitted to the Building Official prior to any work being performed.

Work may be stopped or permit canceled by building official for just cause.

I hereby certify that I have read and examined this application and know the same to be true and correct.

X Leslie Starlin, Office Mgr.
 (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

4 / 06 / 22
 DATE

(ICC PERMIT TECHNICIAN SIGNATURE)

_____/_____/_____
 DATE

Submit Permit



City of Arkansas City, Kansas

Neighborhood Services
118 West Central Avenue
Arkansas City, KS 67005
620-441-4420

BUILDING PERMIT

PERMIT #: 2200135 DATE ISSUED: 4/07/2022
KS STATE ROOFING #:
JOB ADDRESS: 211 S SUMMIT ST LOT #:
PARCEL ID: 2993003016006000 BLK #: 81
SUBDIVISION: ARKANSAS CITY ORIGINAL TOWN ZONING: C-4, CENTRAL BUSINESS
ISSUED TO: AIR TECH CONTRACTOR: AIR TECH
ADDRESS: PO BOX 272 ADDRESS: PO BOX 272
CITY, STATE: WINFIELD KS 67156 CITY, STATE: WINFIELD KS 67156
ZIP: ZIP:
PHONE: 620-221-4944 OFFICE PHONE: 620-218-1672
CLASS OF WORK: PLUMBING CONSTRUCTION TYPE: OCCUPANCY CLASS:
OCCUPANT LOAD: NUMBER OF STORIES: VALUATION 2,500.00
LOT SIZE: FLOODPLAIN: NO FLOOD PLAIN ZONE/ELEVATION:
BUILDING USE: M; MERCANTILE

WORK DESCRIPTION: ROUGHING IN WATER AND DRAIN LINES FOR BATHROOM AND KITCHEN. HISTORIC REVIEW HRA-2022-021 BY JW APPROVED.
SPECIAL CONDITIONS:

Table with 3 columns: DESCRIPTION, CONTRACTOR, AMOUNT. Includes rows for PLUMBING, SEGDESC, and a TOTAL row showing \$ 30.00.

NOTE:

THAT THE SAID BUILDING SHALL BE DEMOLISHED, CONSTRUCTED, REMODELED, OR REPAIRED IN ACCORDANCE WITH ALL THE REQUIREMENTS OF THE LAWS OF THE STATE OF KANSAS AND THE ORDINANCES OF THE CITY OF ARKANSAS CITY...

BEFORE STARTING ANY EXCAVATION, KANSAS ONE CALL MUST BE CONTACTED AT 1-800-344-7233. AN ASBESTOS INSPECTION MAY BE REQUIRED. CONTACT THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, ASBESTOS CONTROL SECTION, 1-785-296-1550 FOR INFORMATION.

WORK MAY BE STOPPED OR PERMIT CANCELED BY BUILDING OFFICIAL FOR JUST CAUSE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

COMMERCIAL FINAL INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 72 HOURS IN ADVANCE.
REGULAR INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE.

X
(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

Handwritten signature of Devin Watts

(ICC CERTIFIED PERMIT TECHNICIAN)

DATE

DATE