



City of Ottawa

Community Development Department

101 S. Hickory
P.O. Box 60
Ottawa, KS 66067
Phone: (785) 229-3620
Fax: (785) 229-3625

E-mail communitydevelopment@ottawaks.gov
Web Site www.ottawaks.gov

Residential Building Permit Application

Inspections: Please call for inspection 24 Hours in advance.

Required Attachments: Must be submitted with application.

1. Site Plan
2. Two (2) Copies of Building Plans including water service and meter size, HVAC size, electric service size, framing plan and braced wall design.
3. Kansas Licensed stamp engineer Truss Specifications.
4. Kansas Licensed stamp engineer Beams Specifications.
5. Kansas Licensed stamp engineer non-standard floor joist systems.
6. Kansas Licensed stamp engineer plans for non-prescriptive construction. (tall walls, cantilevers, etc.)
7. Detail of fire separation walls for **Townhomes and Duplexes**.
8. If water proofing basement walls you must provide a cut sheet for material to be used.

Driveways:

Driveway approach permits are required. Call 229-3630 for details.

Project Address: _____ Date: _____

Owners Information

Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

Contractors Information Contractor License Type: A B C

Name: _____

Address: _____
Address City State Zip Code

Phone No. _____ Cell Phone No. _____

E-Mail Address: _____

Project Information:

Project Type (check all that apply): New Construction Addition Remodel

Single-Family Duplex Townhome Manufacture Home MH Zone

Residential Design Manufacture Home

No. of Stories: _____

Square feet 1st floor: _____

Square feet 2nd floor: _____

Basement: Yes No Finished or Unfinished

Square feet of basement: _____

Square feet of garage: _____

TOTAL square feet: _____

Brief Description of Project: _____

Subcontractors:	Company Name	Phone Number
Framing	_____	_____
Concrete	_____	_____
Electrical	_____	_____
Plumbing	_____	_____
HVAC	_____	_____
Roofing	_____	_____

The contractor certifies that the proposed work is authorized by the owner and the contractor is authorized by the owner to make this application as his agent.

Signature of Owner or Contractor: _____

Please Print Name: _____

For Office Use Only

Historical District approval needed: Yes No Historical Approval Received: _____

Flood Plain: Yes No (If yes, Flood Development Permit Required) Permit Received: _____

Approvals	Initial's	Date	Notes
Zoning	_____	_____	_____
Public Utilities	_____	_____	_____
Other	_____	_____	_____

Permit Fee: _____

ICC Valuation: _____

Approved by: _____

Date: _____