City of Arkansas City, Kansas Neighborhood Services

Phone: 620-441-4420 Fax: 620-441-4403

Demolition Permit Application

* IMPORTANT NOTICE *

Prior to any demolition and asbestos inspection may be required. Contact the Kansas Department of Health and Environment, Asbestos Control Section, 785-296-1550 for information.

The provisions and requirements for demolition of structures including the following:

- 1. <u>Utilities:</u> Prior to commencing work, all utilities must be disconnected by the utility provider:
- 2. <u>Foundations, Concrete Floors, and Driveways:</u> Concrete slab floors, paved driveways and crawl space foundations shall be removed from the site. Basement foundations shall be broken up and may be used to partially fill the basement. Special exceptions may be approved by the Building, Planning & Code Enforcement Office.
- 3. <u>Fill:</u> Back fill material shall be fine dirt free of large rocks, wood & vegetation. Back fill material shall be compacted to the best extent possible. Future setting of any fill material that result in ponding of storm water or creates a hazardous condition shall be filled and leveled by owner.
- 4. <u>Sewer Lines:</u> All sewer lines shall be located and capped as close to the property line as possible utilizing either concrete or an approved plug. <u>The City Inspector must inspect prior to covering.</u>
- 5. <u>Security:</u> It is the owners and/or the contractor's responsibility to secure the site and protect the public form inherent dangers resulting from the demolition work. All openings left after working hours shall be secured by fencing or other approved methods. Street barricades shall be used when demolition work affects traffic or public sidewalks.
- 6. AN INSPECTION OF THIS PROJECT WILL BE CONDUCTED UPON COMPLETION.

The following information must be completed on the permit located on the back of this page:

- 1. Date
- 2. Job Address where demolition will occur.
- 3. Property Owner, Address, and Phone Number.
- 4. Contractor (If Applicable).
- 5. Work Description:
 - a. Please describe the structure to be demolished and the method that will be used to demolish structure.
- 6. Special Conditions:
 - a. County Appraisal Value of Property (Neighborhood Services can help with this if not known)
- 7. Valuation
 - a. Must include labor and cost to demolish even if the property owner is doing the work.

City of Arkansas City, Kansas Application for Construction Permit

Permit Number:			Permit Fee:			Plan Review Fee:			Total Fee:	
1. Date: 2. Job Address:						Parcel Address	:			Zone:
Legal Description:	Lot Number:	Block:	Addition:	:				CAMA #:		
3. Owner:	Address: Phone:			Phone:						
4. Contractor:			Electrician:		HVAC:		Plumber:			
Phone Number:			USE OF BUILDING RESIDENTIAL COMMERCIAL							
CLASS OF WORK	DF NEW ADDITION ALTERATION MOVE REMOVE REPAIR FENCE SIGN CURB CUT									
Construction Type:	Occupancy Class: Occ		ipant Load:	Number of Stories:	Pı	roject Size:	Lot Size:		Floodplain: YES NO	Floodplain Zone & Elevation:
5. WORK DESCRIPTION:										
6. SPECIAL CONDITIONS:										
TO SCHEDULE INSPECTIONS: 620-441-4420 7. VALUATION (INCLUDE ALL LABOR AND MATERIALS):										
THAT THE SAID BUILDING SHALL BE CONSTRUCTED, REMODELED, 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 AND 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 THIS BUILDING; THAT THE CITY OF ARKANSAS CITY SHALL BE HELD BY ME 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 CONSTRUCTION OF THE SAID BUILDING OR COSTRUCTION, OR BY REASON OF ANY ACT OR THING DONE BY VIRTUE OF THIS PERMIT. WORK MAY BE STOPPED OR PERMIT CANCELLED 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.										
Owner or Authorized Agent – Signature							Contractor – Signature			
DISPOSITION OF ABOVE APPLICATION I HAVE EXAMINED THE ABOVE APPLICATION AND HEREBY APPROVE ☐ REJECT ☐ SAME										
REMARKS:										
				DISPOSITION OI	FAI		DING OF	FICIAL		DATE
APPROVED 🗌	REJECTED □			DISTOSTITON OF	·AI	I EAL DUARL	,			
						Presid	dent of B	Soard		Date