



Application Date: \_\_\_\_\_

**CITY OF McFARLAND, KANSAS  
WABAUNSEE COUNTY R-1B ZONING  
RESIDENTIAL BUILDING PERMIT APPLILCATION**

**PERMIT IS VALID FOR ONE YEAR FROM DATE OF ISSUE**

City of McFarland  
518 Rock Island Rd.  
P.O. Box 183  
McFarland, KS 66501-0183

Phone: 785-765-2265  
FAX: 785-765-3700

**Property Location information**

Street Address: \_\_\_\_\_

**Owner Information:**

Street Addresss: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**General Contractors Information**

**Applicant (not owner)** \_\_\_\_\_

Street Addresss: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

State Registration Roofing #: \_\_\_\_\_

**Plumbing Contractors Information  
City Issued License Required for Plumbing / Electrical**

Name or (Company) \_\_\_\_\_

Street Addresss: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

First Name - \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Construction Information**  
Is This Located in a Flood Zone  Yes  No

**Type of Improvement / Construction**

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> New Single Family Dwelling | <input type="checkbox"/> New Duplex | <input type="checkbox"/> Detached Structural / Garage |
| <input type="checkbox"/> Addition / Remodel         | <input type="checkbox"/> Deck       | <input type="checkbox"/> Other                        |

**Square Footage**

First Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_ Basement: \_\_\_\_\_  
Garage: \_\_\_\_\_ Crawl Space: \_\_\_\_\_ Total Sq. Ft: \_\_\_\_\_

**Finished Construction**

No. of Bedrooms: \_\_\_\_\_ No. of Full Baths: \_\_\_\_\_ No. of Half Baths: \_\_\_\_\_  
Basement Wall Height: \_\_\_\_\_ Wood Burning Fire Place: \_\_\_\_\_ Gas Fire Place: \_\_\_\_\_

**Type of Roof**

- |   |  |                                 |                                     |   |
|---|--|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Asphalt                | <input type="checkbox"/> Cedar Shingle | <input type="checkbox"/> Shakes | <input type="checkbox"/> Metal Roof | <input type="checkbox"/> Rubber / Composition |
| <input type="checkbox"/> Architectural Shingles | <input type="checkbox"/> Other         |                                 |                                     |   |

**Water Meter Connection Size**

- 5/8"  3/4"  1"

Total Height of Building : \_\_\_\_\_

Distance from City Right-of-Way: \_\_\_\_\_ Feet Distance From Property Line: \_\_\_\_\_ Feet

Commencement Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

\$ Estimated Cost of Project: \_\_\_\_\_ Building Permit Fee: \_\_\_\_\_

This permit is issued upon express condition that the owner(s) shall bear cost of entranceway from the city street and secure approval of design and location from the City of McFarland. It is a further condition that the sewer be installed and maintained in strict conformance with the State of Kansas statutes in regard to public right-of-way. Permit will automatically terminate if and when such facilities and zoning requirements are not permanently maintained. The building will also conform to acceptable standards and as presented on the building permits form. NOTE: The applicant shall be responsible for providing all necessary surveys and information to insure conformance with the zoning regulations.

*To the best of my knowledge the above information is true and correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Zoning Administrator's Signature

**BUILDING REGULATIONS FOR A SINGLE FAMILY RESIDENCE INCLUDING,  
GARAGES AND ANY STORAGE BUILDINGS**

BEFORE ANY PLUMBING IS DONE A CITY PLUMBING LICENSE MUSTS BE OBTAINED

**Project Description**

(Please include a detailed description for all general construction, mechanical, electrical & plumbing work being performed)

**General Construction:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plumbing:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Electrical:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Mechanical:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(over)

CITY OF McFARLAND, KANSAS RESIDENTIAL DIAGRAM

