



# BUILDING PERMIT

City of Whitewater  
City Building - Clerks Office  
201 S. Elm Street  
Whitewater, Kansas 67154

Phone: (316) 799-2445  
[www.whitewaterks.gov/permits](http://www.whitewaterks.gov/permits)

Fax: (316) 799-2016  
EMAIL: [cityclerk@whitewaterks.gov](mailto:cityclerk@whitewaterks.gov)

**Permit MUST BE POSTED at or near the front of the permitted structure**

FEMA # _____	Not Required	Other Permit(s) # _____ # _____	PERMIT# 2024 - _____
Zoning: _____	CAMA # _____	Section _____	Twp. _____ Range _____
Setback	<input type="checkbox"/> Front _____ <input type="checkbox"/> Side _____ <input type="checkbox"/> Rear _____	Payment type: Check # _____	Cash _____ Credit Card _____
Office Use		Permit Fee-Based on Labor and Materials: \$ _____	

## 24 HOUR NOTICE MUST BE GIVEN PRIOR TO AN INSPECTION

Value of Project: \$ \_\_\_\_\_

Landowner: \_\_\_\_\_  Phone: \_\_\_\_\_

Jobsite Address: \_\_\_\_\_  City \_\_\_\_\_

Permit Mailing Address: \_\_\_\_\_  City \_\_\_\_\_

State \_\_\_\_\_  Zip \_\_\_\_\_

Currently Licensed  
Office verified

<input checked="" type="checkbox"/>	General Contractor _____	<input checked="" type="checkbox"/> Phone: _____
<input checked="" type="checkbox"/>	Foundation _____	<input checked="" type="checkbox"/> Phone: _____
<input checked="" type="checkbox"/>	Electrician _____	<input checked="" type="checkbox"/> Phone: _____
<input checked="" type="checkbox"/>	Plumber _____	<input checked="" type="checkbox"/> Phone: _____
<input checked="" type="checkbox"/>	HVAC _____	<input checked="" type="checkbox"/> Phone: _____
<input checked="" type="checkbox"/>	Other _____	<input checked="" type="checkbox"/> Phone: _____

### PROPOSED USE

Single Family    Commercial    Accessory Structure    Ag Building    Other \_\_\_\_\_

### TYPE OF IMPROVEMENT

New Home    Manufactured Home    Addition    Remodel    Roof    Siding    Demo  
Pool    Water Heater    Plumbing    HVAC    Electrical    Solar    Meter    Temp Meter

Other \_\_\_\_\_  Estimated Date work will begin \_\_\_\_\_

Work Description: \_\_\_\_\_  Dimensions: \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE INFORMATION PROVIDED TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. ISSUANCE OF A BUILDING PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER FEDERAL, STATE, OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

Applicant Signature \_\_\_\_\_ Owner  Date \_\_\_\_\_

Issued by: THE CITY OF WHITEWATER	Date: _____	FINALED By: _____	Date: _____
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**PERMIT IS GOOD FOR 180 DAYS FROM THE DATE OF APPROVAL OR LAST INSPECTION  
EXTENSIONS SHALL BE REQUESTED IN WRITING**