

Clay County, Kansas
Application for Building/Demo Permit

Taxing Unit #

OFFICE USE ONLY

Parcel #

Permit #

Date:

Quick Ref #

Flood Zone Map #

Entered Permit on Orion:

Permit Mailed:

Finished Orion Date:

Initials:

Application is hereby made to:

Build _____

Remodel _____

Move _____

Demolish _____

Location:

Sec-Twp-Rng: _____

Qtr Section: _____

Site Address: _____

Project Description:

Estimated Cost: _____

Type / Purpose:

Materials:

Size: _____

Contractor:

(Drawing Plans should be done on 8x11 unless otherwise requested.)

Statement of Owner:

I, _____ (Please Print)

hereby certify the above described land is owned and controlled by me. I acknowledge the above statement as true. I submit this application on the _____ day of _____

Signed: _____

Mailing Address: _____

Daytime and/or Cell Phone Number: _____

E-mail Address: _____

All the requirements of the Zoning Master Plan of Clay County, Kansas, regarding this permit are hereby subscribed to and agree to:

Date: _____

Signed: _____

Permit Inspector

Permit as of this date is: (Circle One)

Approved

Disapproved

Date: _____

Signed: _____

Appraiser's Office