

**FRANKLIN COUNTY
PLANNING AND BUILDING DEPARTMENT**

PAT TOTH, BUILDING OFFICIAL

1428 S. MAIN, SUITE #5

OTTAWA, KANSAS 66067-3547

Office: (785) 229-3570 Fax: (785) 229-3504

BOARD OF COUNTY COMMISSIONERS

Colton Waymire, District 1

Richard (Rick) Howard, District 2

Roy Dunn, District 3

Ianne Dickinson District 4

Donald R. Stottlemire, District 5

Residential housing requirements:

1. Deed
2. Building permit with contractor's name and contact information.
3. Proof of potable water (No hand dug wells, cisterns, or holding tanks)
4. Overhead site plan (drawn or photo/map with labelled areas.) [Example: Page 2]
5. Demo permit (if replacing/removing an old structure) [One month to complete demolition after completion of new residence]
6. Temporary use permit and removal bond if there is an existing dwelling currently located on site (if needed) [Removal bond example: Page 3-4]
7. Detailed floor plans (to include room dimension and use labels)
8. Footing/foundation placement plan/schedule
9. Truss plan by designer/engineered (to be stamped) or if stick framed, a highly detailed bracing schedule complete with collar ties and load paths all the way to footings.
10. Window schedule
11. Header/Girder spans and sizes (All steel beams must be engineered to meet the load requirements; Laminated lumber beams will need specifications from manufacturer/supplier)
12. Floor joist spans or I-joist spans
13. Toilet facilities shall be provided for construction workers in accordance to 311.1 as per 2003 IPC and ANSI Z4.3

Note: Only one residential structure per parcel. No new residential construction is permitted when access is from a minimum maintenance road.

(Ensure that all septic and well services receive a permit through the Sanitarian office)

Use setback sheet for guidance to figure out proper location of structure per size of lot.



Bond Number 2315733

License and Permit Bond

(Valid in the states of Illinois, Indiana, Iowa, Kansas, Kentucky, Michigan, Minnesota, Missouri, Ohio and Wisconsin only)
For County, City, Town or Village Only – Not valid for bonds required by the State.
Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

Principal: (Full name and address)
W Russell & Sondra Olinger
4495 Howard Lane
Wellsville, KS 66092
Effective Date: February 16, 2016
(Valid up to 3 years)

Obligee: (Principal's customer)
Board of County Commissioners of Franklin County
1428 S Main St
Ottawa, KS 66067-3543
Expiration Date: February 16, 2017

PENAL AMOUNT OF BOND:

Five Thousand Dollars _____ Dollars (\$ 5,000.00),

lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the Obligee for:
A Temporary Use Permit to be vacated when new residence has been issued Certificate of Occupancy.

NOW, THEREFORE, if said Principal shall faithfully perform all the duties and comply with the laws and ordinances, (including all amendments) pertaining to the license or permit, then this obligation shall be null and void; otherwise to remain in full force for not more than 36 consecutive months, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall ipso facto terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Principal's company shall save and keep harmless the Obligee from all losses or damage which it may sustain or for which it may become liable on account of the issuance of said license and permit. The maximum liability shall not exceed the bond penalty.

Signed with our hands and sealed with our seals this, the 16th day of February, 20 16.

W Russell & Sondra Olinger

(Principal)

WEST BEND MUTUAL INSURANCE COMPANY

Kevin A. Steiner, Chief Executive Officer

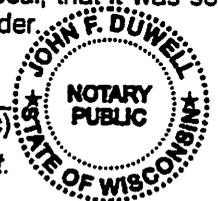


On the 1st day of March, 2009, before me personally came Kevin A. Steiner to me known, who being by me duly sworn, did depose and say: that he resides in the County of Washington, State of Wisconsin; that he is the Chief Executive Officer of WEST BEND MUTUAL INSURANCE COMPANY the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN
County of Washington

John F. Duwell
John Duwell (Notary Public)

My Commission is permanent.



MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

NB 0054 04 12



Bond No. 115733

Power of Attorney

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-in-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1st day of March, 2009.

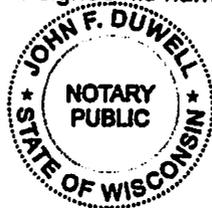
Attest James J. Pauly
James J. Pauly
Secretary



Kevin A. Steiner
Kevin A. Steiner
Chief Executive Officer / President

State of Wisconsin
County of Washington

On the 1st day of March, 2009 before me personally came Kevin A. Steiner, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin; that he is the President of West Bend Mutual Insurance Company, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



John F. Duwell
John F. Duwell
Executive Vice President - Chief Legal Officer
Notary Public, Washington Co. WI
My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 16th day of February, 2016



Dale J. Kent
Dale J. Kent
Executive Vice President -
Chief Financial Officer

Notice: Any questions concerning this Power of Attorney may be directed to the Bond Manager at NSI, a division of West Bend Mutual Insurance Company.