



**FRANKLIN COUNTY
PLANNING & BUILDING DEPARTMENT
ADDITIONS / REMODELS / REPAIRS
BASEMENT FINISH APPLICATION**

STAFF USE ONLY:	
GA#	_____
BP#	_____
ZONING	_____

ALL APPLICATIONS MUST HAVE THE FOLLOWING DOCUMENTS ATTACHED:

_____ **Copy of Deed** **Site Plan Drawing** **Building Plans**

Owner Name _____ Date: _____

Mailing Address _____

City: _____ State: _____ Zip: _____ Phone: _____

Site Address _____

City: _____ State: _____ Zip: _____ Email: _____

Section: _____ Township: _____ Range: _____ Township Name: _____ # Acres: _____

Total Project Valuation \$ _____ Total Square Footage: _____

NUMBER TO CALL WHEN PERMIT IS READY TO BE PICKED UP _____

Addition **Remodel** **Repair** **Basement Finish**

SCOPE OF WORK TO BE PERFORMED:

CONTRACTORS

General:	Email: Telephone #:
Framing:	Email: Telephone #:
Foundation:	Email: Telephone #:
Electrical:	Email: Telephone #:
Mechanical:	Email: Telephone #:
Plumbing:	Email: Telephone #:

ELECTRICAL

Add New Replace None

Indicate means of incoming power:

Type of Service

Subpanel off residence main panel

Service from pedestal with dedicated main disconnect

Dedicated meter attached to structure

Other means of connection (please explain) _____

MECHANICAL

- Add New Replace None

Indicate types of systems to be installed:

Water Heating System

- Tank Type
- Instant
- Electric
- Gas

Building Heating System

- Forced Air Furnace
- Electric
- Radiant
- Gas
- Exhaust Only
- ERV

Gas Piping

- CSST
- Iron Pipe

PLUMBING

- Add New Replace None

Indicate plumbing fixtures and systems:

Baths

- Full Bath _____
- ½ Bath _____
- Sinks _____

Plumbing System

- DWV
- Water Piping
- Sewage pump/ejector

ALL PLUMBING HOOKUP TO SANITATION DISPOSAL SYSTEM MUST BE APPROVED BY THE ENVIRONMENTAL HEALTH DEPARTMENT PRIOR TO FINAL INSPECTION.

I agree to perform the work described herein, in accordance with the plans and/or specification submitted, and with all provisions of the Building Code, Zoning Regulations, and Environmental Health Regulations of Franklin County, Kansas.

Owner or Applicant Signature

Date

STAFF USE ONLY

Date Received: _____ Received By: _____ Permit Fee: _____ Check #: _____

Flood Plain Map & Info: _____ Zoning : _____ Verified By/ Date: _____