Application No. _____

City of Halstead, Kansas

BUILDING PERMIT

Ask about the NEIGHBORHOOD REVITALIZATIO PLAN. If you qualify, application must be made concurrent with building permit.

(This application, when signed by Zoning Administrator, shall be a permit)

Property Owner _____

Owner's Phone # _____

Location _____ Addition _____ Block _____ Lot _____

Work Proposed _____

Outside Dimensions of Building

First Floor	_____	Walls	_____	Roof	_____
Second Floor	_____	Floors	_____	Foundation	_____
Basement	_____	Ceilings	_____		_____
Estimated Cost	_____	Work Commence	_____	Work Completion	_____

Contractor Name _____ Phone # _____

Address _____

LENGTH OF LOT _____ **FEE**

REAR _____ **FT.**

FRONT _____ **FT.**

Permission is hereby granted to enter premises and make all necessary inspections.

I certify that all improvements will conform to the Ordinances of the City of Halstead.

Signed _____

Print Name _____

Address _____

Permit Fee _____

Inspection Fee _____

Date _____

Approved by _____
Zoning Administrator

Property in Flood Hazard Area: _____Yes _____ No