

Residential Building Permit Application

Planning and Development Services Department

www.opkansas.org

Date _____ Zoning _____ Building Permit # _____

Project Name or Address _____

Method of Payment Check # _____ Cash Credit Card (MC, V, D, AE)

SECTION 1 – TYPE OF WORK

Development Type: Single-Family Duplex Other

Permit Type _____

Project Valuation _____

New Square Footage _____ Remodeled Square Footage _____

Comments:

For Office Use

Johnson County License # _____

Permit Fee _____

SECTION 2 – APPLICANT INFORMATION

Print **YOUR** Name _____

Company You Represent (If Not Owner) _____

You Are Owner Contractor Architect Engineer
(please circle)

Address _____

E-Mail Address _____

City/State/Zip _____

Mobile Phone or Alternate # _____ Phone # _____ Fax # _____