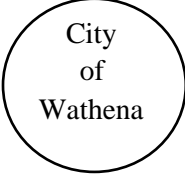


City of Wathena

BUILDING DEPARTMENT		PERMIT			
PERMIT APPLICATION (Applicant to complete shaded areas)		NUMBER			
OWNER	NAME (or name of business)	RESIDENTIAL NON-RESIDENTIAL			
	MAILING ADDRESS	(check all that apply)			
	CITY	TELEPHONE	New <input type="checkbox"/>	Excavate/Fill <input type="checkbox"/>	
			Add <input type="checkbox"/>	Sign <input type="checkbox"/>	
		Alter <input type="checkbox"/>	Retaining Wall <input type="checkbox"/>		
		Repair <input type="checkbox"/>	Fence <input type="checkbox"/>		
		Demolish <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>		
		# OF STORIES	# OF DWELLING UNITS		
		NATURE OF WORK TO BE DONE			
CONTRACTOR	NAME				
	ADDRESS		PROPOSED USE		
	CITY	TELEPHONE	CONNECTION FEES		
	STATE LICENSE NUMBER	CITY LICENSE NUMBER	Electric <input type="checkbox"/>		
LEGAL DESCRIPTION OF PROPERTY		Water <input type="checkbox"/>			
		Sewer <input type="checkbox"/>			
		Permit Fee <input type="checkbox"/>			
		TOTAL <input type="checkbox"/>			
PLOT PLAN (Indicate Building, Setbacks, & Abutting Street(s))		JOB ADDRESS			
		SETBACKS			
		Side	Rear	Street	
		Use Zone	Lot Area	Vacant Site	
				YES	NO
PERMIT LIMIT: ONE YEAR		Height	Building Area		
<i>I hereby acknowledge that I have read this application; that the information given is correct; and that I am the owner, or the duly authorized agent of the owner. I agree to comply with city and state laws regulating construction.</i>	Authorizes Work Noted Only 		APPLICATION APPROVAL		
		<i>This application is not a permit until signed by the City Clerk or Deputy City Clerk; all fees are paid; and receipt is acknowledged in space provided.</i>			
Signature	Date	City Clerk Signature		Date	