Permit No.: _____

Building Permit Application

City Code may be reviewed at solomon-ks.com.

City of
Solomon

Permit to include:
(Check all that apply)

☐ Building   ☐ Electrical

☐ Plumbing   ☐ Mechanical

District Type:
(Check all that apply)

☐ Residential   ☐ Non-Residential

☐ Commercial   ☐ Industrial

Project Site Address: _____

Property Owner: _____

Property Owner Phone/E-mail: _____

General Contractor/Engineer: _____

General Contract Phone/E-mail: _____

Class of Work: ☐ New   ☐ Addition ☐ Alteration/Remodel   ☐ Repair ☐ Other _____

Describe Work: _____
_____
_____

Value of Work: $_____   **Site Plan attached: YES NO**

List Sub-Contractors: *(Must be licensed in the City of Solomon)*

Electrical: _____

Plumbing: _____

Mechanical: _____

Living Area: _____   Garage Sq. Ft.: _____

Addition Sq. Ft.: _____   Total Sq. Ft.: _____

Stories/Height: _____   Land Area: _____

Coverage %: _____   Occupant Load: _____

Occupant Class: _____   Use of Building: _____

ICC Building Type: _____

I certify that I have read this application and state that the above information is correct, and that I as owner or builder, do agree to comply with all city adopted building codes, relating to building construction. I acknowledge the city is not responsible for covenants, easements, or right-of-way related to the property listed above.

Name Printed: _____ **Date:** _____

Signature: _____

☐ Builder/Contractor ☐ Agent for Contractor ☐ Owner ☐ Agent for Owner

Work to commence within (30) days of application date and completed within one (1) year.

Work Sheet
(to be completed by staff)

Building
☐ Base Fee $25
☐ Each Additional $1,000 x $3.50 = $_____
☐ Additional Inspections $25

Electrical
☐ Base Fee $25

Mechanical
☐ Base Fee $25

Plumbing
☐ Base Fee $25
☐ Sewer $10

Miscellaneous
☐ Curb Cut $10
☐ Knox Box (installed by contractor)

Permit Fee: $_____

Building Inspection Department
(for office use only)

Zoning District: _____   Flood Zone: _____

Setbacks:

Front Yard _____ Side Yard _____ Rear Yard _____

_____

Special Conditions: _____

Approved for Issuance by:

Signature: _____

Date: _____