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## **Application for Residential Zoning and Building Permit**

### Instructions

**Prior to the construction enlargement, alteration, repair, movement, demolition or change of occupancy of any building or structure, an application for a Zoning and Building Permit shall be approved. The zoning permit is required to verify that the project is in compliance with the zoning regulations and to determine whether or not a building permit is necessary.**

1. Application forms shall be provided by the City of Beloit and completed by the property owner or his/her designated agent (contractor).
2. The applicant for residential structures and construction projects shall provide, at the time of application, the following:
  - a) A site plan showing dimensions of property and location of property boundaries.
  - b) Location and dimensions of all existing and proposed structures.
  - c) Location of all utilities (proposed and existing, above or below ground)
3. **Prior to the construction of any new residential dwelling a development review meeting will be arranged with the property owner, contractor, City Administrator, Building Inspector, and Directors of the Transportation, Electrical and Water/Wastewater Systems Operations departments.**
4. **No permit shall be issued unless construction drawings and plans are submitted.**
5. Permits expire after six (6) months if construction has not begun or the project languishes for a period of six (6) months or longer. Construction is considered to begin when the footings are pored.



# City of Beloit

# Building Permit

(Incomplete applications will not be approved)

Application Date: \_\_\_\_\_ Permit Number \_\_\_\_\_

1. Applicant/Owner Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

4. Address of Construction \_\_\_\_\_

5. Zoning District \_\_\_\_\_

6. Type of Improvement: (check all that apply)

Residential

New

Repair

Remodel

Addition

Accessory

Fence

Deck

Other \_\_\_\_\_

7. Supplemental items for site adaptation: (check if applicable)

Zoning Variance Requirement

Curb Cut

Other \_\_\_\_\_

8. Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Identification of Contractor(s) if known:

Name

Address

Phone #

General: \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Concrete: \_\_\_\_\_

Other: \_\_\_\_\_



# INSPECTION RECORD

1. **PHONE 785-3553 FOR INSPECTION BEFORE CONCEALING ANY WORK OR PROCEEDING TO THE NEXT STAGE OF CONSTRUCTION.**
2. **INSPECTIONS ARE REQUIRED. THE BUILDING INSPECTOR WILL SIGN AND DATE EACH INSPECTION WHEN APPROVED.**

PERMIT NUMBER

**PROJECT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

**ZONING:** \_\_\_\_\_ **OCCUPANCY TYPE:** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

**PLUMBING CONTRACTOR:** \_\_\_\_\_

**ELECTRICAL CONTRACTOR:** \_\_\_\_\_

**MECHANICAL CONTRACTOR:** \_\_\_\_\_

**CONCRETE CONTRACTOR:** \_\_\_\_\_

**APPROVED SETBACKS:**

FRONT \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE \_\_\_\_\_ REAR \_\_\_\_\_

**SPECIAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

Post this card at the building site, visible from the street and so located as to permit the inspector to access both sides of the card. Per the Uniform Building Code, Section 108.2, no work authorized by the permit shall commence until this Inspection Record Card is displayed or made available to the inspector at the job site.

**PROCESSED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# **INSPECTION RECORD**

- 1. PHONE 785-3553 or 785-7419 FOR INSPECTION BEFORE CONCEALING ANY WORK OR PROCEEDING TO THE NEXT STAGE OF CONSTRUCTION.
- 2. THESE INSPECTIONS ARE REQUIRED. INSPECTOR WILL SIGN AND DATE EACH INSPECTION WHEN APPROVED.

<input type="checkbox"/> <b>SITE/ZONING</b>	_____
<input type="checkbox"/> <b>PLUMBING GROUND RUN</b>	_____
<input type="checkbox"/> <b>SEWER SERVICE</b>	_____
<input type="checkbox"/> <b>WATER SERVICE</b>	_____
<input type="checkbox"/> <b>FENCE</b>	_____
<input type="checkbox"/> <b>FOOTING</b>	_____
<input type="checkbox"/> <b>FOUNDATION</b>	_____
<input type="checkbox"/> <b>FLOOR</b>	_____
<input type="checkbox"/> <b>WALL CONSTRUCTION</b>	_____
<input type="checkbox"/> <b>ROOF, CEILING</b>	_____
<input type="checkbox"/> <b>ELECTRICAL</b>	_____
<input type="checkbox"/> <b>MECHANICAL</b>	_____
<input type="checkbox"/> <b>PLUMBING</b>	_____

**FINAL**

**BUILDING SAFETY** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**BOTH SIDES OF THIS CARD ARE TO BE MADE AVAILABLE AND ACCESSIBLE TO THE INSPECTOR**