

RESIDENTIAL PERMIT APPLICATION

City of Hays
 Planning, Inspection & Enforcement
 1002 Vine St.
 Hays, Kansas 67601
 (785) 628-7310
 (785) 628-7352 fax



Application Date: _____
 Site Plan
 Building Drawings
 Window Schedule
 Truss Package/Bracing
 Plumbing Drawing and Fixture Schedule

2015 IRC & IFC, 2014 NEC, 2009 UMC & UPC
 2012 Green Plumbing & Mechanical Code Supplement
 (with amendments)

Property Information

Street Address	Apt	Zip
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Owner Information

First Name	Last Name	Phone	
Street Address (Leave blank if same as above)		City	State

Contractors Information

	Name	Mailing address	Phone
Applicant (not owner)			
General			
Email Address		State Registration Roofing #	
Concrete/Foundation			
Email Address			
Structural			
Email Address			
Roofing			
Email Address		State Registration Roofing #	
Electrical			
Email Address			
Plumbing			
Email Address			
Mechanical			
Email Address			
Architect			
Email Address			

Construction Information

Type of Improvement	(Sq Ft)		(Finished)
_____ New Single Family Dwelling	_____	_____ First floor	_____ # of Bedrooms
_____ New Duplex	_____	_____ Second floor	_____ # of Full Baths
_____ Detached Structure/Garage	_____	_____ Basement (finished)	_____ # of 1/2 Baths
_____ Addition/Remodel	_____	_____ Basement (unfinished)	_____ Total # of Plumbing Fixtures
_____ Egress Windows	_____	_____ Garage	_____ Basement Wall Height
_____ Deck	_____	_____ Total Sq. Ft.	_____ Gas Fire Place
_____ Swimming Pool	_____	_____ Crawl Space	_____ Wood Burning Fire Place
_____ Foundation Repair	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Located in Flood Zone	_____ Commencement Date
_____ Other	_____	_____	_____ Expected Completion Date
	Water Meter Size	_____	_____ \$ Estimated Cost of Project
	_____ 5/8"		
	_____ 3/4"		
	_____ 1"		

Project Description:

(Please include a detailed description for all general construction, mechanical, electrical & plumbing work being performed)

Mechanical:

Plumbing:

Electrical:

Neighborhood Revitalization Program

(Must select one of the following)

_____ My property is not within the Neighborhood Revitalization District Boundry

_____ My property is within the Neighborhood Revitalization District Boundry but I wish to decline

_____ My property is within the Neighborhood Revitalization District Boundry and I wish to participate.
(If you are wanting to participate you will have to apply for the program within 60 days from the building permit approval)

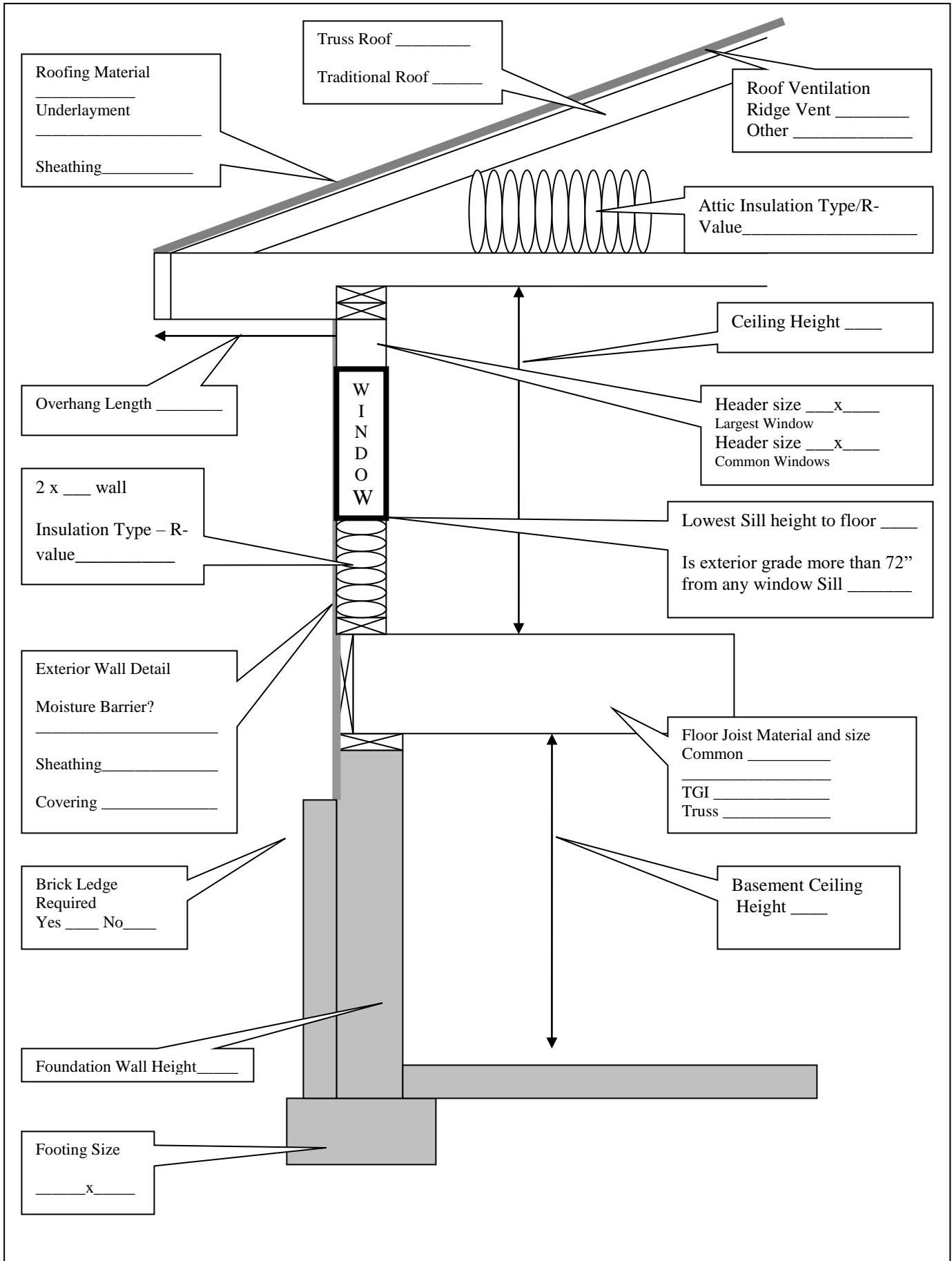
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of the record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Phone Number	Date
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Responsible person in charge of work, Title	Phone Number
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Email

CITY OF HAYS RESIDENTIAL PLAN REQUIREMENTS



Please See Reverse Side

CITY OF HAYS RESIDENTIAL PLAN REQUIREMENTS

If plans do not show information below complete the following:

Floor system:

1. Identify cantilevers and dimensions.
2. Identify Floor Crawlspace access and size if required.
3. Identify unfinished areas, total sq ft unfinished, and how bottom of engineered floor joists will be protected.

Wall Construction:

1. Identify windows that require safety glazing
2. Garage door wall length _____
3. Garage door opening and header size _____ 18 ft max
4. Provide dimensions of garage door(s) and dimension to the corner or edge of building. _____
5. Tallest framed wall height _____

Roof/Ceiling Construction:

1. If not using trusses – show/describe size of lumber and span of rafters, ceiling joists and identify direct load paths.

2. Identify attic access location and size _____
3. Will any attic space be used for storage? _____ If yes, where _____

Energy Requirements:

1. Insulation type and R – Value
 - a. Foundation (when finished) – _____ - Minimum – R-13
 - b. Crawlspace - _____ - Minimum – R-10
 - c. Framed Walls - _____ - Minimum – R 13
 - d. Ceiling/Attic Space _____ - Minimum – R-38
 - e. Floor _____ - Minimum – R 30
2. Whole House Ventilation Rate(CFM)
 - a. Conditioned space calculated. – Circle CFM

Floor Area Sq Ft	# of bedrooms		
	1	2-3	4-5
< 1500	30	45	60
1501 – 3000	45	60	75
3001-4500	60	75	90
4501 – 6000	75	90	105

3. How do you plan to accommodate for mechanical ventilation.
 - a. _____ Heat Recovery Unit
 - b. _____ Energy Recovery Unit
 - c. _____ Continuous Exhaust fan along with exterior vent to return duct with damper
 - d. _____ Other designed method – Submittal required
4. Under floor/Crawl space requirements
 - a. _____ Vented Crawlspace
 - i. _____ How many vents
 - b. Unvented Crawlspace
 - i. _____ Type of Insulation on walls
 - ii. _____ Continuous mechanical ventilation with air transfer grill (show location)
 - iii. _____ Conditioned air supply with air transfer gill (show location)