



Building & Zoning Department  
215 S. Broadway, Louisburg, KS 66053  
913-837-5811 · louisburgkansas.gov  
rwhitham@louisburgkansas.gov

## **FINISHED BASEMENT**

### **Permit Fee:**

- Depends on square footage.
- Value \$20.18/square foot.
- Permit cost is \$69.25 for first \$2,000 and \$14 for each additional \$1,000.

### **Items Required for Permit:**

- Application.
- Drawing of finished basement.
- Property deed.

### **Requirements:**

- Construction per 2003 IRC.
- Bedrooms must have 5.7 sq. ft. open area egress window (5.0 sq. ft. if at grade level).
- Licensed contractor(s).

### **Inspections:**

- Rough-in.
- Egress.
- Combustion Air.
- Smoke Detectors/Hard Wired.
- Ceiling Height.
- Stairs.
- Final.



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## **RESIDENTIAL ADDITION**

### **Permit Fee:**

- Depends on square footage.
- Permit cost is \$69.25 for first \$2,000 and \$14 for each additional \$1,000.

### **Items Required for Permit:**

- Application.
- Site Plan.
- Drawing of Addition must be stamped by a Licensed Design Professional.
- Property deed.

### **Requirements:**

- Construction per 2003 IRC.
- Bedrooms must have 5.7 sq. ft. open area egress window (5.0 sq. ft. if at grade level).
- Licensed contractor(s).

### **Inspections:**

- Footings.
- Foundation.
- Flat Concrete.
- Rough-in.
- Egress.
- Combustion Air.
- Smoke Detectors/Hard Wired.
- Ceiling Height.
- Stairs.
- Final.



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**APPLICATION FOR ADDITIONS**

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contractor: (Must be Licensed in Miami County)** Circle type of contractor: General / Mechanical / Foundation / Roofing  
Electrical / Plumbing / Site Utility / Fire Sprinkler / Irrigation

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Legal description of building site: (attach copy of deed).

Describe proposed work to be done: \_\_\_\_\_

Estimated cost of new construction: \_\_\_\_\_

Size of structure: Width \_\_\_\_\_ Length \_\_\_\_\_ Total square footage \_\_\_\_\_

Describe present use of existing structure: \_\_\_\_\_

Will structure require sanitary facilities: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information provided herein is true and correct and that all Zoning Regulations shall be complied with. I certify that all contractors listed above are licensed under the Miami County, Kansas, Contractor Licensing Code. I further understand that any permit based upon false or incorrect statements of a material fact necessary to the issuance of the permit, shall be void.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only**

**ATTACHED:**

_____ Copy of Deed	_____ Entrance Permit	_____ Date Paid
_____ Site Plan	_____ Sanitation Permit	_____ Receipt #
_____ Building Plans	_____ Amount Due	

Assigned address: \_\_\_\_\_