

NEW HOME 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
 Stormwater Drainage Permit Application
 Stormwater Site Plan
 Water Utility Application

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 <small>(Leave blank if same as above)</small>		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)

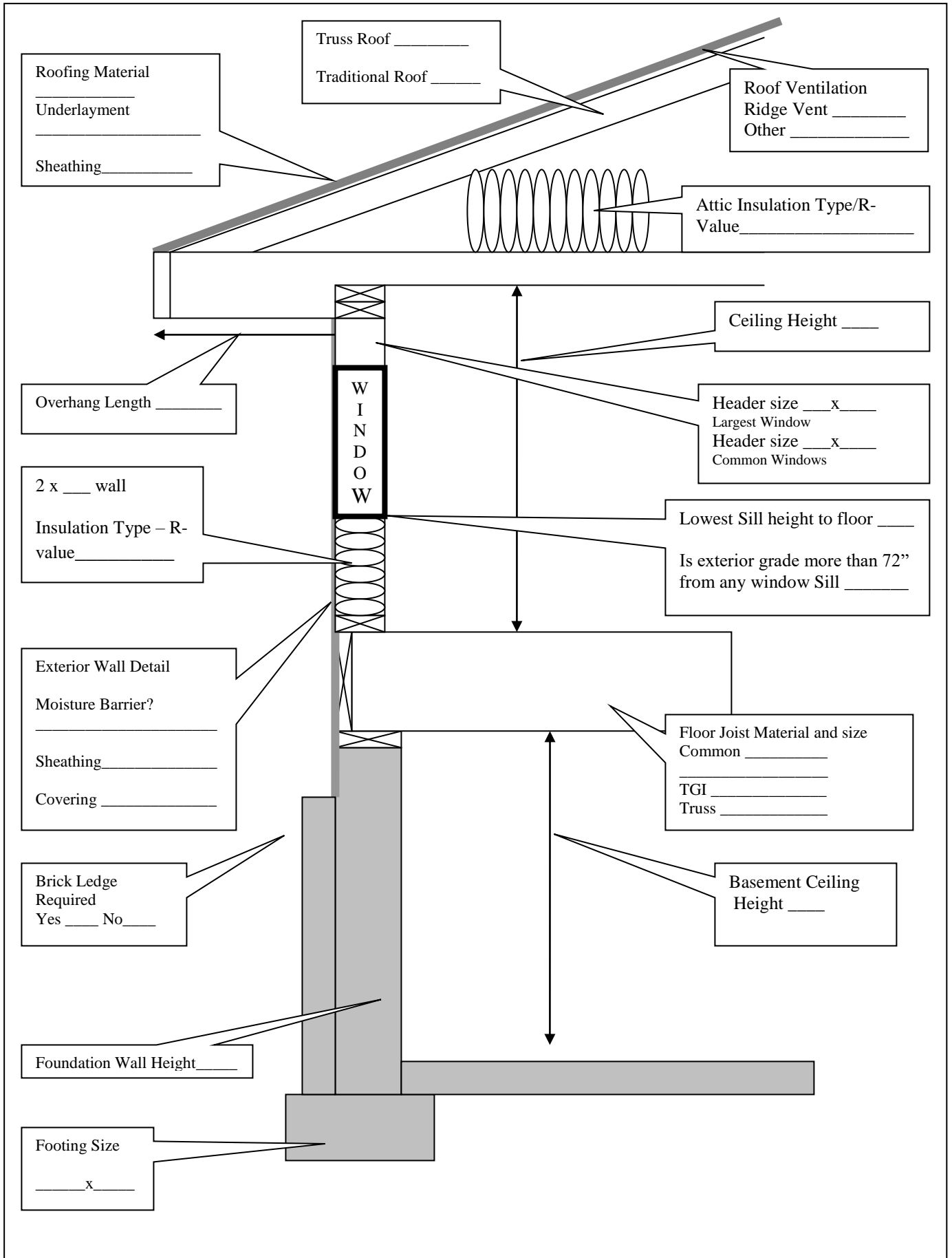
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of the record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of the jurisdiction. In 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 _____

Responsible person in charge of work, Title _____ Phone Number _____

Email _____

CITY OF HAYS RESIDENTIAL PLAN REQUIREMENTS



Roofing Material _____
Underlayment _____
Sheathing _____

Truss Roof _____
Traditional Roof _____

Roof Ventilation
Ridge Vent _____
Other _____

Attic Insulation Type/R-Value _____

Ceiling Height _____

Overhang Length _____

Header size ____ x ____
Largest Window
Header size ____ x ____
Common Windows

2 x ____ wall
Insulation Type - R-value _____

Lowest Sill height to floor _____
Is exterior grade more than 72" from any window Sill _____

Exterior Wall Detail
Moisture Barrier? _____
Sheathing _____
Covering _____

Floor Joist Material and size
Common _____
TGI _____
Truss _____

Brick Ledge Required
Yes _____ No _____

Basement Ceiling Height _____

Foundation Wall Height _____

Footing Size
____ x ____

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)



City of Hays Drainage Permit Application

Include with this Drainage Permit Application:

Provide a site plan showing the following:

- Property lines
- The location of the structure
- The location of the dirt stockpile
- The direction of the surface water flow (use arrows showing the flow once the foundation is installed and backfilled)
- The location of all sediment controls
- The location of the construction entrance (entrance is not required to be rocked unless continuing track-out issues notices are issued)

Prior to Building Department Site Inspection:

- The Stormwater Superintendent will issue a drainage permit once the application is signed and the site plan is approved.
- Stormwater Drainage Permit Fees are collected with the Building Permit Fees
- The Stormwater Department will perform an inspection of the site to confirm required sediment controls are installed prior to the Building Department site inspection being scheduled.
- An anticipated project completion date should be considered at this time, preparing for the steps necessary to have all soils stabilized near the completion of construction activities.

What is the anticipated date of completing construction activities? _____

During Construction, expect:

- Bi-Weekly Stormwater Inspections
- Stormwater inspections following rainfalls of .5 inch or more
- Inspections will verify compliance with the Stormwater Pollution Prevention Plan. Initial notices of violation will be provided via email, with a deadline for the correction provided in the notice.

How to remain compliant with the Stormwater Pollution Prevention Plan:

- Maintain the approved sediment control measures for the duration of the project. If silt sock is used, this must be staked.
- Clean up all sediment track-out and sediment run-off the same day as the occurrence if practical.
- Dirt stockpiles need to have sediment erosion control installed to protect from run-off.
- Offsite areas disturbed by construction activity (dirt stockpile, equipment storage, material storage, etc.) are required to have erosion control and must be permanently re-stabilized as a requirement of the drainage permit.
- Keep a clean site. Trash and debris should be properly disposed.

Prior to Issuance of a Certificate of Occupancy

- Completed permanent landscaping at final building inspection is preferred.
- If the installation of permanent landscaping is not practical prior to occupancy:
 - The site must be graded to final grade
 - The required erosion controls must be approved by the Stormwater Superintendent and must remain until the site is permanently stabilized. Necessary erosion controls may include temporary seeding, silt fence, silt sock, stabilization matting, etc., depending on the risk of erosion from the remaining un-stabilized areas.
 - Downspouts must have energy dissipation installed (discharge into a straw bale for example) and be directed to limit erosion.
 - The applicant and the new homeowner will both need to sign a Drainage Permit Transfer Form, which transfers stormwater maintenance responsibilities to the new homeowner.

Applicant Acknowledgment

By signing, I understand that I am required to comply with City of Hays Ordinance **UDC 9.2.300, Stormwater Management** and **UDC Section 13.1.204, Enforcement Procedures for Stormwater Management** until the construction activities have been completed and all disturbed surfaces are properly stabilized. I understand it is my responsibility to maintain the standards of the approved Stormwater Pollution Prevention Plan (SWPPP).

Property Address: _____

Applicant/Individual Responsible for Stormwater Maintenance: _____

Email (notices will be sent to this email): _____

Company: _____

Signature: _____ Date: _____

UTILITY APPLICATION FOR WATER, SEWER, SANITATION SERVICES

THIS FORM MUST BE COMPLETED AND RETURNED TO OUR OFFICE WHEN REQUESTING UTILITY SERVICE ALONG WITH THE REQUIRED DEPOSIT. DEPOSITS CAN BE PAID WITH CREDIT/DEBIT CARDS, CHECK, OR CASH. APPLICANTS MUST INCLUDE OR SHOW A COPY OF DRIVERS LICENSE OR OTHER VALID PHOTO IDENTIFICATION. IF THIS FORM IS NOT COMPLETED AND RETURNED, WATER SERVICE WILL NOT BE CONNECTED.

LAST NAME OR BUSINESS NAME	FIRST	MIDDLE INITIAL	MAIDEN

Service Address: _____

Mailing Address (if different): _____

Driver's License #: _____ Federal Identification No. _____

Social Security #: _____

Home Phone: _____ Cell Phone: _____

Circle one: OWN RENT Start Service Date : _____

**Signing this form acknowledges that current water service may be disconnected for non payment of any outstanding bills for any account you may have with the City of Hays. Water service will not be reconnected until the delinquent balances are paid.

SIGNATURES: _____ **DATE:** _____

OFFICE USE: ACCOUNT NUMBER _____ DEPOSIT PD \$ _____ DATE PAID _____

OTHER INFO: _____

CLERK'S INITIALS: _____