

**The City of Galena, Kansas**  
**Application for BUILDING PERMIT & CERTIFICATE OF OCCUPANCY**

**BUILDING DEPARTMENT**

**CITY OF GALENA**

Building Address:			Building Permit Number:	
Owner:			Date Issued:	
Mailing Address:			Value: \$ _____.	
City	State	Telephone #	Building Fee: \$ _____.	
Architect:			Certificate of Occupancy must be issued before building is occupied.	
Mailing Address:				
City	State	Telephone #	The approval of this application and the issuance of a permit does not legalize or authorize any work that is not in compliance with the City of Galena or the State of Kansas regulating same.	
Contractor:				
Mailing Address:				
City	State	Telephone #	All dimension lumber must be #3 or better.	
Subdivision:			When will the project be completed?	
Lot Number:			Will surface drainage affect adjacent property?	
Block Number:			<b>CLASS OF WORK</b>	
Zoning District:			New	Demolish
Type of Construction:			Alteration	Repair
Use Group Classification:			Addition	Move

**PLOT PLAN**

No surface drainage to enter Sanitary Sewer