



City of Nickerson

15 N Nickerson
PO Box 52
Nickerson, KS 67561

APPLICATION FOR BUILDING / INSPECTION PERMIT

Date: _____

Check if the same

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

(NAME AND ADDRESS OF LOCATION WHERE WORK IS TO BE DONE)

(CONTRACTOR/PERSON DOING THE WORK)

TYPE OF APPLICATION (S) & ESTIMATED COST

SKETCH/DIAGRAM (REQUIRED)

Description	Notes	Amount
New Construction:	_____	\$ _____
Room Addition:	_____	\$ _____
RE-ROOF:	_____	\$ _____
PLUMBING:	_____	\$ _____
ELECTRICAL:	_____	\$ _____
FENCE:	_____	\$ _____
OTHER:	_____	\$ _____
Additional Notes -	Total:	\$ _____

_____ Date Work is to Begin

_____ Applicant Printed Name

_____ Date Work to be Completed

_____ Applicant Signature

*** OFFICE USE ONLY ***

DATE: _____

JOB COST: _____

RECIPT # _____

PERMIT # _____

PERMIT COST: _____

CASH OR CHECK # _____

APPROVED BY: _____