

City of Andover
1609 E Central Ave
PO Box 295
Andover, KS 67002



Phone (316) 733-1303
(316) 977-9422
Fax (316) 977-9482
bldg-insp@andoverks.com

FEE: \$50.00

**CITY OF ANDOVER
DRIVE APPROACH & CULVERT PERMIT APPLICATION**

PROJECT ADDRESS _____

OWNER NAME & PHONE _____

CONTRACTOR NAME _____

CONTRACTOR PHONE _____ CELL PHONE _____

E-MAIL _____

CLASS OF WORK: _____ Minor Repair _____ New Addition _____ Existing Alteration

DESCRIPTION OF WORK _____

A plot plan providing dimensions of the approach, and/or indicating the placement of the culvert is required to accompany this application.

PERMIT APPROVAL REQUIRED BEFORE STARTING ANY WORK

I/we, the undersigned hereby certify and know that I/we have examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complies with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

The QUALIFIED PERSON must always sign.

(Print) Name of Contractor

Signature of Contractor Date

(Print) Name of Owner

Signature of Owner Date