COMMERCIAL ACCESSORY STRUCTURES

Neighborhood & Development Services

Phone: 620-276-1120 | Fax: 620-276-1173 | Email: gcpermits@gardencityks.us

PROJECT INFORMATION

All information must be provided. The permit won't be reviewed until all required information and documents are submitted.

Location: ☐ Garden City ☐ Holcomb ☐ Finney County

Project Address:

Property Owner Information:
Name:
Address:
Phone number:
Email:

Applicant Information:
Name:
Phone number:
Email:
Relationship: ☐ Property Owner ☐ Tenant ☐ Contractor
☐ Other: _____

Contractor Information:
General Contractor:_____
Building Designer: _____
Other:_____
Other:_____
Mechanical:_____
Plumbing:_____
Other:_____
Other:_____

Project Valuation: $_____

Structure Type:
☐ Garage ☐ Shed/Storage Building
☐ Carport ☐ Swimming Pool
☐ Detached Garage ☐ Attached to principle structure
☐ Addition to another accessory structure
☐ Other: _____

Neighborhood Revitalization Program:
Have you discussed the NRP with an NDS Staff member?
☐ Yes ☐ No ☐ This location does not qualify.
If the property qualifies, have you filled out an application?
☐ Yes ☐ No, I am not interested. Initials:_____

Structure Information:
☐ Dimensions of structure: _____ ☐ Sidewall Height: _____
☐ Sidewall Height: _____ ☐ Door Width: _____
☐ Intended Use: _____
☐ Siding material of existing home: _____
☐ Roofing material of existing home: _____

Driveway Information for Garages/Carports:
☐ Driveway approach: o New o Replacement o Existing
☐ Driveway approach material: _____
☐ Driveway approach width: _____
☐ Interior driveway material: _____

Please complete both sides

Construction Details:

- ☐ Footing Type: o Trench o Pier o Spread Footing
- ☐ Footing Dimensions:_____
- ☐ Ceiling Joists: Size:_____ Spacing_____ Length:_____
- ☐ Roof Rafters: Size:_____ Spacing_____ Length:_____
- ☐ Floor Joists: Size:_____ Spacing_____ Length:_____
- ☐ Exterior Studs: Size:_____ Spacing_____ Length:_____
- ☐ Framing Material: o Wood o Steel o Concrete o Masonry
- ☐ Roofing Material: o Wood o Composition o Tile o Metal Seamed
- ☐ Exterior Wall Covering Material:_____
- ☐ Driveway Surface: o Concrete o Asphalt ☐ Driveway Width:_____

Additional Materials:

- ☐ Aerial of the property showing the following information:
  - o Location of all new surfaces
  - o Dimensions of all new surfaces
  - o Distances from property lines
  - o Any proposed structures
- ☐ Building Plans:
  - o Truss layout and details
  - o Floor plan and details
  - o Footing details
  - o Foundation plans (layout, cross-section details with rebar schedule)
  - o Construction plans and materials
  - o Manufacturer specifications, if pre-built.
- ☐ Utility Request Form
- ☐ Signed Storm Water Pollution Plan

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF THE CODE OF ORDINANCES OR RESOLUTIONS OF THE CITY OF GARDEN CITY, FINNEY COUNTY, OR HOLCOMB AS APPLICABLE AND OTHER APPLICABLE REGULATIONS AND LAWS THAT MAY APPLY. I HEREBY UNDERSTAND THAT AS THE APPLICANT I AM RESPONSIBLE FOR LOCATING ALL UTILITIES PRIOR TO COMMENCING WORK. CONSTRUCTION MUST BE STARTED WITHIN 180 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 180 DAYS OR THIS PERMIT SHALL BE NULL AND VOID. **THIS PERMIT MAY EXPIRE IN 180 DAYS FROM THE DATE OF APPROVAL. REQUESTS FOR INSPECTIONS REQUIRE A MINIMUM 24 HOURS NOTICE. PERMIT APPROVAL PROCESS MAY TAKE UP TO 5 BUSINESS DAYS.**

APPLICANT'S SIGNATURE: _____ DATE: _____