CONCRETE/FLAT WORK

Neighborhood & Development Services

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

PROJECT INFORMATION	
All information below must be provided. The permit will not be reviewed until all required information and documents are submitted.	
Location: ☐ Garden City ☐ Holcomb ☐ Finney County	**Classification:** ☐ Commercial/Industrial ☐ Residential
Project Address:	
Property Owner Information: Name: Address: Phone number: Email:	**Applicant Information:** Name: Phone number: Email: Relationship: ☐ Property Owner ☐ Tenant ☐ Contractor ☐ Other: _____
Contractor Information: *(If no contractor, please write "self")* Name: Phone number: Company: Email:	
Type of Work: ☐ New Installation ☐ Existing Repair	**Intended Use:**
Project Valuation: $_____	**Total Surface Area:** _____ *square feet*
Type of Surface: ☐ Concrete ☐ Asphalt ☐ Other: _____	
Project Description: *(Check all that apply)* ☐ Driveway ☐ Patio ☐ Internal Sidewalk ☐ Right-of-Way/City Sidewalk ☐ Other: _____	**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

*** * * NOTICE TO OWNERS WORKING ON THEIR OWN PROJECTS * * ***

The owner may hire a laborer, however if the owner employs a handy man, contractor, etc., the hired individual shall be a contractor, licensed by the City of Garden City. Non-licensed help cannot be utilized. I, the undersigned have read this notice and its requirements and I signify that I intend to do my own work in each of the building areas for which I have obtained permits and that any assistance which I may require in these areas will be provided by a licensed contractor. I am aware, that should I utilize any non-licensed help with the exception of general laborers, that this shall be grounds for immediate revocation of this permit.

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 3 BUSINESS DAYS.**

APPLICANT'S SIGNATURE: _____ DATE: _____

**** Please provide a site plan or survey drawn to scale in a legible manner with straight lines. Draw the layout of the lot and the proposed structure. Include the dimensions of the lot, the dimensions of all existing and proposed structures, distances between structures, distances between structures and property lines, and any other details that may be necessary to evaluate the application.**