NEW COMMERCIAL STRUCTURE, ADDITIONS & REMODELS
Neighborhood & Development Services
Phone: 620-276-1120 | Fax: 620-276-1173 | Email: gcpermits@gardencityks.us

GARDEN CITY
— KANSAS —

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: | **Project Valuation:** $_____

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: _____

Framing:_____

Other:_____

Other:_____

Mechanical:_____

Plumbing:_____

Concrete:_____

Other:_____

Other:_____

Project Type:
☐ New building   ☐ Addition to an existing building

☐ Interior Remodel   ☐ Exterior Remodel

☐ Other: _____

Project Description: *(please describe the work to be done)*

New Commercial Construction or Addition Details:
☐ Construction Type: o Wood frame   o Metal frame
☐ Type I: o A o B   ☐ Type II: o A o B   ☐ Type III: o A o B   ☐ Type IV: o A o B   ☐ Type V: o A o B
☐ Occupancy: o Single   o Mixed Use   ☐ Design Occupant Load: _____
☐ Use Group(s):   o Main Use Group:_____   o Sub. 2:_____   o Sub. 3:_____
☐ Separation: o Separated   o Non-separated
☐ Water line service material: _____
☐ Auto fire sprinkler: o None   o Throughout the entire building   o partial
☐ Total Square footage of project: _____ *sq. ft*   ☐ Number of stories: _____
☐ Exits: o Required: _____   o Provided: _____

Please complete both sides

Commercial Remodel or Change of Occupancy Details:
- ☐ Construction Type: o Wood frame   o Metal frame
- ☐ Type I: o A o B   ☐ Type II: o A o B   ☐ Type III: o A o B   ☐ Type IV: o A o B   ☐ Type V: o A o B
- ☐ Existing occupancy: _____   ☐ Existing Square footage: _____
- ☐ Occupancy: o Single   o Mixed Use   ☐ Design Occupant Load: _____
- ☐ Use Group(s):   o Main Use Group:_____   o Sub. 2:_____   o Sub. 3:_____
- ☐ Separation: o Separated   o Non-separated
- ☐ Water line service material: _____
- ☐ Auto fire sprinkler: o None   o Throughout the entire building   o partial
- ☐ Total Square footage of project: _____ *sq. ft*
- ☐ Exits: o Required: _____   o Provided: _____

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: _____

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:** _____