



REPAIR, REPLACE, REMODEL

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: <input type="checkbox"/> Garden City <input type="checkbox"/> Holcomb <input type="checkbox"/> Finney County	Classification: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Industrial
Project Address: _____	Project Valuation: \$ _____
Property Owner Information: Name: _____ Address: _____ Phone number: _____ Email: _____	Applicant Information: Name: _____ Phone number: _____ Email: _____ Relationship: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____
Contractor Information: <i>(If no contractor, please write "self")</i> General Contractor: _____ Mechanical: _____ Other: _____ Plumbing: _____ Other: _____ Electrical: _____	
Neighborhood Revitalization Program: Have you discussed the NRP with an NDS Staff member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> This location does not qualify. If the property qualifies, have you filled out an application? <input type="checkbox"/> Yes <input type="checkbox"/> No, I am not interested. Initials: _____	
Project Information: <i>(select all that apply)</i> <input type="checkbox"/> Interior Repair/Replacement <input type="checkbox"/> Exterior Repair/Replacement <input type="checkbox"/> Remodeling <input type="checkbox"/> Plumbing <input type="checkbox"/> Gas <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical	
Project Description: <input type="checkbox"/> Rooms: _____ <input type="checkbox"/> Description of work to be done: _____ _____ <input type="checkbox"/> Water service line material: _____ <input type="checkbox"/> Siding material: _____ <input type="checkbox"/> Roof materials: _____ <input type="checkbox"/> Roof squares: _____	

***** 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. THE PERMIT APPROVAL PROCESS MAY TAKE UP TO 5 BUSINESS DAYS.**

APPLICANT'S SIGNATURE: _____ DATE: _____