

Commercial Building Permit Application

City of Larned
Building Inspections
417 Broadway
Larned, Kansas 67550
(620) 285-8500

Required Documents:
Code Footprint
Site Plan
Building Drawings
Sprinkler Plans
Landscaping Plans
Storm Water Management Plans

Application Date _____



Property Information

| | | |
|----------------|-------------|-----|
| Street Address | City, State | Zip |
|----------------|-------------|-----|

| | |
|--------|---------------|
| Zoning | Business Name |
|--------|---------------|

Owner Information

| | | |
|------------|-----------|-------|
| First Name | Last Name | Phone |
|------------|-----------|-------|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

Contractor Information

| | Name | Phone Number |
|---------------------|------|----------------|
| Applicant | | |
| General | | State Roofer # |
| Concrete/Foundation | | |
| Structural/Framing | | |
| Roofing | | State Roofer # |
| Electrical | | |
| Plumbing | | |
| Mechanical | | |
| Architect/Engineer | | |

Please see reverse side

Construction Information

| | | | |
|--|--|---|---|
| Type of Improvement | Use & Type of Construction | Floor Area (in square feet) | New Sign |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Assembly | <input type="checkbox"/> First floor | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Business | <input type="checkbox"/> Second floor | |
| <input type="checkbox"/> Alteration/Remodel | <input type="checkbox"/> Educational | <input type="checkbox"/> Basement (finished) | New |
| <input type="checkbox"/> Temp. Structure | <input type="checkbox"/> Factory | <input type="checkbox"/> Basement (unfinished) | Sidewalk/Entrance |
| <input type="checkbox"/> Change of Occupancy | <input type="checkbox"/> Hazardous | <input type="checkbox"/> Accessory Structures | <input type="checkbox"/> Y <input type="checkbox"/> N |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Institutional | <input type="checkbox"/> Total Sq. Ft. | |
| <input type="checkbox"/> Interior Finish | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Street Frontage in ft | Located in flood |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Residential | <input type="checkbox"/> Parking Stalls (#) | zone? |
| <input type="checkbox"/> Other | <input type="checkbox"/> Storage | <input type="checkbox"/> ADA Parking Stalls (#) | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | <input type="checkbox"/> Utility | <input type="checkbox"/> Kitchen Hood System | |
| | | Y N | |
| Commencement Date | | Expected Completion Date | Estimated Cost of Project \$ |
| Project Description | | | |
| | | | |
| | | | |
| | | | |

Neighborhood Revitalization Plan

This program is designed to give property owners the opportunity to receive a five or ten year incremental rebate on the additional property taxes that may be incurred as a result of constructing new buildings or making improvements to existing ones. Certain eligibility requirements and deadlines must be met to qualify for the plan. Building Inspections can provide more information regarding this program.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant

Date

Office Use Only

Permit Fee \$

Permit #

Permit Issue Date