

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