



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

Commercial Building Permit Application

Application Date _____

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

Property Information

Street Address		City, State	Zip
Zoning	Business Name		

Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip

Contractor Information

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

Please see reverse side

Construction Information

Type of Improvement	Use & Type of Construction	Floor Area (in square feet)	Kitchen Hood System?
<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 Sign?
<input type="checkbox"/> Temp. Structure	<input type="checkbox"/> Factory	<input type="checkbox"/> Basement (unfinished)	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Change of Occupancy	<input type="checkbox"/> Hazardous	<input type="checkbox"/> Accessory Structures	New
<input type="checkbox"/> Foundation	<input type="checkbox"/> Institutional	<input type="checkbox"/> Total Sq. Ft.	Sidewalk/Entrance?
<input type="checkbox"/> Interior Finish	<input type="checkbox"/> Mercantile	<input type="checkbox"/> Street Frontage in ft	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Demolition	<input type="checkbox"/> Residential	<input type="checkbox"/> Parking Stalls (#)	Located in Flood 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			
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 _____