



# RESIDENTIAL ACCESSORY STRUCTURES

## 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:**  Garden City  Holcomb  Finney County

**Project Address:**

**Property Owner Information:**

Name:  
Address:  
Phone number:  
Email:

**Applicant Information:**

Name:  
Phone number:  
Email:  
Relationship:  Property Owner  Tenant  Contractor  
 Other: \_\_\_\_\_

**Contractor Information:** (If no contractor, please write "self")

General Contractor: \_\_\_\_\_ Mechanical: \_\_\_\_\_  
Building Designer: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_  
Other: \_\_\_\_\_ Other: \_\_\_\_\_

**Project Valuation:** \$ \_\_\_\_\_

**Structure Type:**

Garage  Shed/Storage Building  
 Carport  Swimming Pool  
 Detached Garage  Attached to principle structure  
 Addition to another accessory structure  
 Other: \_\_\_\_\_

**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: \_\_\_\_\_

**Structure Information:**

Dimensions of structure: \_\_\_\_\_  Sidewall Height: \_\_\_\_\_  
 Sidewall Height: \_\_\_\_\_  Door Width: \_\_\_\_\_  
 Intended Use: \_\_\_\_\_  
 Siding material of existing home: \_\_\_\_\_  
 Roofing material of existing home: \_\_\_\_\_

**Driveway Information for Garages/Carports:**

Driveway approach:  New  Replacement  Existing  
 Driveway approach material: \_\_\_\_\_  
 Driveway approach width: \_\_\_\_\_  
 Interior driveway material: \_\_\_\_\_

\*\*Please complete both sides\*\*

**Construction Details:**

- Footing Type:  Trench  Pier  Spread Footing
- Footing Dimensions: \_\_\_\_\_
- Ceiling Joists: Size: \_\_\_\_\_ Spacing \_\_\_\_\_ Length: \_\_\_\_\_
- Roof Rafters: Size: \_\_\_\_\_ Spacing \_\_\_\_\_ Length: \_\_\_\_\_
- Floor Joists: Size: \_\_\_\_\_ Spacing \_\_\_\_\_ Length: \_\_\_\_\_
- Exterior Studs: Size: \_\_\_\_\_ Spacing \_\_\_\_\_ Length: \_\_\_\_\_
- Framing Material:  Wood  Steel  Concrete  Masonry
- Roofing Material:  Wood  Composition  Tile  Metal Seamed
- Exterior Wall Covering Material: \_\_\_\_\_
- Driveway Surface:  Concrete  Asphalt  Driveway Width: \_\_\_\_\_

**Additional Materials:**

- Aerial of the property showing the following information:
  - Location of all new surfaces
  - Dimensions of all new surfaces
  - Distances from property lines
  - Any proposed structures
- Building Plans:
  - Truss layout and details
  - Floor plan and details
  - Footing details
  - Foundation plans (layout, cross-section details with rebar schedule)
  - Construction plans and materials
  - Manufacturer specifications, if pre-built.
- Utility Request Form
- Signed Storm Water Pollution Plan

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

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_