



NEW RESIDENTIAL DWELLINGS & ADDITIONS

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: _____
Framing: _____	Concrete: _____
Other: _____	Other: _____
Other: _____	Other: _____

Project Valuation: \$ _____

Project Description:

Single-Family Duplex
 Townhouse Addition to house
 Porch Deck
 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: _____

Project Information:

New Dwelling (single family, duplex or townhome):

Total Building height: _____
 Number of floors: _____
 Electric Meter Amp. Size: _____
 Water meter size: _____

Gross Floor Area: _____
 Basement (finished, partial or unfinished): _____
 Attached Garage Square Footage: _____

Addition to home:

Size of addition: _____
 Total addition height: _____

Number of new rooms _____
 Type/use of new rooms: _____

Please complete both sides

Construction Details:

- Footing Type: Trench Pier Spread Footing
- Footing Dimensions: _____ Basement Wall Dimensions: _____
- Ceiling Joists: Size: _____ Spacing _____ Length: _____
- Roofing 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)
- 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:** _____