



INSPECTIONS: PH: 620-276-1120
 FAX: 620-276-1173 WEB: garden-city.org

BUILDING PERMIT APPLICATION:

LOCATION: Garden City: [] Holcomb: [] Finney County: []

PROJECT ADDRESS: _____

DESCRIPTION OF WORK: _____

SUBDIVISION NAME: _____ LOT NO.: _____ BLOCK NO.: _____

ZONING DISTRICT: _____

TYPE OF WORK: NEW: [] ADDITION: [] OTHER: _____

USE OF STRUCTURE OR NEW CONSTRUCTION: _____

OWNER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____ CELL: _____

APPLICANT: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ FAX: _____ CELL: _____

E-MAIL ADDRESS: _____

CONTRACTOR INFORMATION:

BUILDER: _____

CONTRACTORS LICENSE: _____ YES _____ NO

PLUMBER: _____

CONTRACTORS LICENSE: _____ YES _____ NO

ELECTRICIAN: _____

CONTRACTORS LICENSE: _____ YES _____ NO

MECHANICAL: _____

CONTRACTORS LICENSE: _____ YES _____ NO

***** NOTICE TO OWNERS WORKING ON THEIR OWN PROJECT *****

An owner may take out permits to build a house in which they reside. The owner may build the structure and do his own plumbing, wiring and heating and air, providing they have taken out proper permits for each of the above and each is properly inspected and approved. The owner may hire a laborer, however if the owner employs a carpenter, plumber, electrician or mechanical (heating & air) installer, the hired individual shall be a contractor, licensed and bonded 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 and bonded 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 the building permit.

BUILDING PERMIT INFORMATION: (Fill in or Circle Correct Answers) Work to begin: _____ and to be completed: _____

The following plans are attached with this application: Plot Plan/Site Plan: Yes or No Floor Plan: Yes or No Elevations: Yes or No Drainage: Yes or No

PLOT PLAN/SITE PLAN REQUIREMENTS: A plot plan/site plan is a map of a lot that shows the size and shape of the lot including dimensions (measurements) of all of the following: (1) Location of all structures existing or proposed. (2) The shape and position of all impervious areas, such as driveways, patios, sidewalks, and paving etc. (3) The distance from each structure to the property lines and to other structures. (4) You may also be required to show the location of structures on the adjoining lots and the distance from those structures to your proposed project. (5) Show public roads and driveway entrances. (6) Show all buildings with dimensions and setback dimensions. (7) Show all right-of-ways and all utility easements. (8) Grading & Drainage plans.

Estimated value of construction (materials & labor): \$ _____ Total Site Area: _____ Sq.Ft. _____ Acres

Proposed structure floor areas: Structure will cover _____ Square Feet Living Space Square Feet: _____

Basement Square Feet: _____ Basement Finished: Yes or No _____% Basement Bath Roughin: Yes or No No. Bathrooms: _____

Garage Sq. Ft.: _____ Carport Sq. Ft.: _____ Decks Sq.Ft.: _____ Porches Sq.Ft.: _____ No. Bedrooms: _____ Total Number of Rooms: _____

TOTAL AREA SQ FT: _____ Water Pipe Diameter: _____ Electric Meter _____ Sewer _____ Septic _____ Percent covered of Site area _____%

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND ALSO AGREE TO COMPLY WITH ALL APPLICABLE PROVISIONS OF CHAPTER 18, BUILDINGS AND BUILDING REGULATIONS OF THE CODE OF ORDINANCES OF THE CITY OF GARDEN CITY AND OTHER APPLICABLE REGULATIONS AND LAWS THAT MAY APPLY. 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 4 HOURS NOTICE. PERMIT APPROVAL PROCESS MAY TAKE UP TO 24 HOURS.

I HEREBY UNDERSTAND THAT THERE WILL BE A FINE TO THE BUILDING CONTRACTOR FOR ALLOWING THE OCCUPATION OF A STRUCTURE BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

APPLICANTS SIGNATURE: _____ DATE: _____

***** FOR OFFICE USE ONLY BELOW THIS LINE *****

RECEIPT NUMBER: _____ APPLICATION RECEIVED ON: _____ FILED: <input type="checkbox"/> PLOT PLAN/SITE PLAN <input type="checkbox"/> DRAWINGS & SPECIFICATIONS BUILDING PERMIT FEE: _____ MILEAGE FEE: _____ OTHER: _____ TOTAL PERMIT FEE: _____ <input type="checkbox"/> PERMIT FEE PAID PERMIT FEE RECEIVED BY: _____	<p>** INSPECTIONS **</p> <p>APPROVED _____ DENIED _____</p> <p>_____ PLOT PLAN/SITE PLAN _____</p> <p>_____ BUILDING PLANS _____</p> <p>OCCUPANCY GROUP: _____</p> <p>CONSTRUCTION TYPE:</p> <input type="checkbox"/> SF Residential Includes Modular <input type="checkbox"/> SF Manufactured (HUD Standards) <input type="checkbox"/> MF two or more attached dwellings <input type="checkbox"/> Any Residential Remodel <input type="checkbox"/> New Commercial <input type="checkbox"/> New Industrial <input type="checkbox"/> Commercial/Industrial Remodel <input type="checkbox"/> Misc. (Utility, Religious, Public or Non Profit Project)	<p>** ENGINEERING **</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____</p> <p><input type="checkbox"/> Address Assigned <input type="checkbox"/> Grading & Drainage Plan Approved <input type="checkbox"/> Curb Cuts Approved</p>	<p>** PLANNING **</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED _____</p> <p><input type="checkbox"/> Historic Clearance <input type="checkbox"/> Site Plan Approved <input type="checkbox"/> Property Platted <input type="checkbox"/> Floodplain</p>
	PERMISSION IS HEREBY GRANTED TO PERFORM THE WORK INCLUDED IN THIS APPLICATION. THIS PERMIT SHALL NOT BE CONSTRUED TO PERMIT ANY VIOLATION OF APPLICABLE LAWS, REGULATIONS, ORDINANCES, AND CODES. CONSTRUCTION MUST BE STARTED WITHIN 60 DAYS AND WORK SHALL NOT BE SUSPENDED FOR MORE THAN 120 DAYS OR THIS PERMIT SHALL BE NULL AND VOID. BUILDING INSPECTOR: _____ DATE: _____ PERMIT NUMBER: _____		