



INSPECTIONS: PH: 620-276-1120 FAX: 620-276-1173 WEB: garden-city.org
301 N. 8th, P.O. Box 998 Garden City, KS 67846

**ELECTRICAL/PLUMBING/HVAC/GAS
PERMIT APPLICATION:**

LOCATION: **Garden City:** [] **Holcomb:** [] **Finney County:** []
PROJECT ADDRESS: _____

TYPE OF WORK: **COMMERCIAL/INDUSTRIAL:** [] **RESIDENTIAL:** [] **OTHER:** _____

DESCRIPTION OF WORK TO BE COMPLETED: (Check one) **ELECTRICAL:** [] **PLUMBING:** [] **HVAC:** [] **GAS:** []

ZONING DISTRICT: _____

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:

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CELL NUMBER: _____

CONTRACTORS LICENSE: _____ YES _____ NO

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

An owner may take out electrical/plumbing/HVAC/gas permits on their own house in which they reside. The owner may replace or repair their electrical/plumbing/HVAC/gas, providing they have taken out proper permits and is properly inspected and approved. The owner may hire a laborer, however if the owner employs a handy man, electrician, plumber, HVAC 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.

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

BRIEF JOB DESCRIPTION: (Include size & number of fixtures or appliances) _____

The following plans are attached with this application: **Construction Plans:** Yes or No **Plot Plan/Site Plan:** Yes or No **Elevations:** 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): \$ _____

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 align="center">** INSPECTIONS **</p> <p>APPROVED _____ DENIED _____</p> <p align="center">PLOT PLAN/SITE PLAN _____</p> <p align="center">CONSTRUCTION TYPE:</p> <input type="checkbox"/> Any Residential Remodel <input type="checkbox"/> Commercial/Industrial Remodel <input type="checkbox"/> Misc. (Utility, Religious, Public or Non Profit Project)	<p align="center">** PLANNING **</p> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> Historic Clearance <input type="checkbox"/> Site Plan Approved <input type="checkbox"/> Property Platted <input type="checkbox"/> Floodplain
	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: _____	