



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

## ROOF PERMIT APPLICATION:

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

PROJECT ADDRESS: \_\_\_\_\_

TYPE OF WORK: COMMERCIAL/INDUSTRIAL ROOF: [ ] RESIDENTIAL ROOF: [ ] OTHER: \_\_\_\_\_

DESCRIPTION OF WORK TO BE COMPLETED: \_\_\_\_\_

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 permits to replace or repair their own roof or house in which they reside. The owner may replace or repair their roof, 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 carpenter, roofer, handy man 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: \_\_\_\_\_

Remove: [ ] Replace: [ ] Roof Material/Type: (examples: comp, wood, built-up etc.) \_\_\_\_\_

Type of overlay: \_\_\_\_\_ Total Number of Squares: \_\_\_\_\_

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

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 \*\*\*

<p>RECEIPT NUMBER: _____</p> <p>APPLICATION RECEIVED ON: _____</p> <p>FILED:</p> <p><input type="checkbox"/> PLOT PLAN/SITE PLAN</p> <p><input type="checkbox"/> DRAWINGS &amp; SPECIFICATIONS</p> <p>BUILDING PERMIT FEE: _____</p> <p>MILEAGE FEE: _____</p> <p>OTHER: _____</p> <p>TOTAL PERMIT FEE: _____</p> <p><input type="checkbox"/> PERMIT FEE PAID</p> <p>PERMIT FEE RECEIVED BY: _____</p>	<p align="center"><b>** INSPECTIONS **</b></p> <p>APPROVED _____ DENIED _____</p> <p>_____ PLOT PLAN/SITE PLAN _____</p> <p align="center">CONSTRUCTION TYPE:</p> <p><input type="checkbox"/> Any Residential Remodel</p> <p><input type="checkbox"/> Commercial/Industrial Remodel</p> <p><input type="checkbox"/> Misc. (Utility, Religious, Public or Non Profit Project)</p>	<p align="center"><b>** PLANNING **</b></p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DENIED _____</p> <p><input type="checkbox"/> Historic Clearance</p> <p><input type="checkbox"/> Site Plan Approved</p> <p><input type="checkbox"/> Property Platted</p> <p><input type="checkbox"/> Floodplain</p> <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.</p> <p>BUILDING INSPECTOR: _____ DATE: _____</p> <p>PERMIT NUMBER: _____</p>
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