

# Commercial Building Permit Application

**City of Great Bend  
Building Inspections  
1205 Williams Street  
Great Bend, Kansas 67530  
(620) 793-4106  
(620) 793-4146**

Required Documents:  
Code Footprint  
Site Plan  
Building Drawings  
Sprinkler Plans  
Landscapping Plans  
Storm Water Management Plans



Application Date \_\_\_\_\_

2006 IBC  
2006 IFC  
2005 NEC  
2006 UMC  
2006 UPC

## Property Information

Street Address		City, State	Zip
Zoning	Business Name		

## Owner Information

First Name	Last Name	Phone	
Street Address	City	State	Zip

## Contractor Information

	Name	Phone Number
Applicant		
General	State Roofer #	
Concrete/Foundation		
Structural/Framing		
Roofing	State Roofer #	
Electrical		
Plumbing		
Mechanical		
Architect/Engineer		

*Please see reverse side*

### Construction Information

<b>Type of Improvement</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Remodel <input type="checkbox"/> Temp. Structure <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Foundation <input type="checkbox"/> Interior Finish <input type="checkbox"/> Demolition <input type="checkbox"/> Other	<b>Use &amp; Type of Construction</b> <input type="checkbox"/> Assembly <input type="checkbox"/> Business <input type="checkbox"/> Educational <input type="checkbox"/> Factory <input type="checkbox"/> Hazardous <input type="checkbox"/> Institutional <input type="checkbox"/> Mercantile <input type="checkbox"/> Residential <input type="checkbox"/> Storage <input type="checkbox"/> Utility	<b>Floor Area (in square feet)</b> <input type="checkbox"/> First floor <input type="checkbox"/> Second floor <input type="checkbox"/> Basement (finished) <input type="checkbox"/> Basement (unfinished) <input type="checkbox"/> Accessory Structures <input type="checkbox"/> Total Sq. Ft.  <input type="checkbox"/> Street Frontage in ft <input type="checkbox"/> Parking Stalls (#) <input type="checkbox"/> ADA Parking Stalls (#) <input type="checkbox"/> Y <input type="checkbox"/> N   Kitchen Hood System	<b>New Sign</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>New Sidewalk/Entrance</b> <input type="checkbox"/> Y <input type="checkbox"/> N  <b>Located in flood zone?</b> <input type="checkbox"/> Y <input type="checkbox"/> N
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Commencement Date	Expected Completion Date	Estimated Cost of Project \$
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### Project Description

(Remodel - \$20% of cost goes toward Accessibility upgrades)

### Neighborhood Revitalization Plan

This program is designed to give property owners the opportunity to receive a five or ten year incremental rebate on the additional property taxes that may be incurred as a result of constructing new buildings or making improvements to existing ones. Certain eligibility requirements and deadlines must be met to qualify for the plan. Building Inspections can provide more information regarding this program.

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I also certify that the information provided is correct and that I will comply with all zoning regulations, as well as all City, State and Federal requirements. A permit issued upon false statement of any fact, which is material to the issuance of a permit, shall void said permit. Permits and/or Certificates of Occupancy, when issued, DO NOT NULLIFY ANY DEED RESTRICTIONS OR EASEMENTS VALIDLY FILED OF RECORD. In addition, I agree to install appropriate erosion control measures in order to avoid dirt, sand and other material from accumulating within public street right-of-ways. I also agree that if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

Signature of Applicant	Date
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Office Use Only	Permit Fee \$ _____	Permit # _____	Permit Issue Date _____
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