

Commercial Building Permit Application

City of Great Bend
Building Inspections
1217 Williams Street
Great Bend, Kansas 67530
(620) 793-4106

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

Application Date _____

2018 IBC
 2018 IFC
 2017 NEC
 2018 UMC
 2018 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

Project Description <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"/> Mobile Home <input type="checkbox"/> Other		Use & Type of Construction <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		Floor Area (in square feet) <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.		New Sign <input type="checkbox"/> Y <input type="checkbox"/> N	
						New Sidewalk/Entrance <input type="checkbox"/> Y <input type="checkbox"/> N	
						Located in flood zone? <input type="checkbox"/> Y <input type="checkbox"/> N	
						Street Frontage in ft Parking Stalls (#) ADA Parking Stalls (#)	
						<input type="checkbox"/> Y <input type="checkbox"/> N	Kitchen Hood System
Commencement Date		Expected Completion Date		Estimated Cost of Project		\$	
Project Description <hr/> <hr/> <hr/> <hr/> <hr/>							
(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

Office Use Only

Permit Fee \$ _____

Permit # _____

Permit Issue Date _____