



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 PROJECTS \*\*\*

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 24 HOURS NOTICE. PERMIT APPROVAL PROCESS MAY TAKE UP TO 3 BUSINESS DAYS. COMMERCIAL PROJECTS MAY TAKE UP TO 6 WEEKS FOR APPROVAL.**

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:

- ☐ PLOT PLAN/SITE PLAN  
☐ DRAWINGS & SPECIFICATIONS

BUILDING PERMIT FEE: \_\_\_\_\_

MILEAGE FEE: \_\_\_\_\_

OTHER: \_\_\_\_\_

TOTAL PERMIT FEE: \_\_\_\_\_

☐ PERMIT FEE PAID

PERMIT FEE RECEIVED BY: \_\_\_\_\_

### \*\* INSPECTIONS \*\*

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_ PLOT PLAN/SITE PLAN \_\_\_\_\_

\_\_\_\_\_ BUILDING PLANS \_\_\_\_\_

OCCUPANCY GROUP: \_\_\_\_\_

#### CONSTRUCTION TYPE:

- ☐ SF Residential Includes Modular  
☐ SF Manufactured (HUD Standards)  
☐ MF two or more attached dwellings  
☐ Any Residential Remodel  
☐ New Commercial  
☐ New Industrial  
☐ Commercial/Industrial Remodel  
☐ Misc. (Utility, Religious, Public or Non Profit Project)

### \*\* ENGINEERING \*\*

☐ APPROVED  
☐ DENIED

- ☐ Address Assigned  
☐ Grading & Drainage Plan Approved  
☐ Curb Cuts Approved

### \*\* PLANNING \*\*

☐ APPROVED  
☐ DENIED

- ☐ Historic Clearance  
☐ Site Plan Approved  
☐ Property Platted  
☐ 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: \_\_\_\_\_

rev. April 2015