



Development Services Division
 620 SE Madison, Unit 6
 Topeka, Ks, 66607
 Phone: (785) 368-3704
 Fax: (785) 368-1650

Parking Lot Permit Application

DATE: _____

Development Services – Application #: _____ Permit fee: \$ _____

Address of Proposed work : _____
 Number of parking spaces : _____
 Project Name: _____
 Business Name : _____
 Owner's Name : _____
 Building Permit # (if applicable) : _____

Legal Description:

Lot: _____ Block: _____ Subdivision: _____
 (or See Attachment: _____)

Contractor Name / Phone : _____ / (____) _____ - _____
 Address : _____

THE UNDERSIGNED HERBY MAKES APPLICATION FOR A PARKING LOT PERMIT AT THE ABOVE LOCATION AND AGREES TO CONSTRUCT SAID PARKING AND RELATED IMPROVEMENTS IN STRICT ACCORDANCE WITH ALL APPLICABLE RULES, REGULATIONS, STANDARDS, INSPECTIONS, AND CODES OF THE CITY OF TOPEKA, KANSAS.

Signature x _____

Date x _____

Traffic	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Stormwater quantity	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Stormwater quality	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Fire	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Erosion control	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Water	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Planning	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Site	Approved: _____	Date: _____	Disapproved: _____	Date: _____

Comments: _____
