



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

DEVELOPMENT SERVICES USE ONLY

DATE: _____ PERMIT FEE: \$ _____

APPLICATION # _____

COMMERCIAL BUILDING PERMIT APPLICATION

PROJECT NAME: _____

PROJECT ADDRESS: _____ Impervious Area: _____ square feet

Estimated Construction cost: _____ Building Project Area: _____ square feet

Legal description: Lot(s) _____ Block _____ Subdivision: _____ (Or see Attached)

Scope: New Building Building Shell Addition Exterior Alteration Interior Alteration Tenant Finish(es)

Please provide: 8 complete site/civil plans, 2 landscape plans, 2 complete sets of construction documents, 1 copy of specifications/project manual; documents for all new structures and additions are required to be sealed, signed and dated by the appropriate design professional

NOTE: Projects with any food service, commercial kitchen or food preparation areas must be reviewed & approved by the Kansas Department of Agriculture (KDA) – Division of Food Safety & Lodging. Submit applications **directly** to KDA; submit documentation of KDA's approval to Development Services; link to the KDA application & process is <http://agriculture.ks.gov/divisions-programs/food-safety-lodging/starting-a-food-business>

APPLICANT NAME: _____

(Please Print)

I am the:

Property Owner Contractor

Other: _____

Employee of: Owner Contractor Other

PROPERTY OWNER:

Name: _____

Company Name _____

Mailing Address: _____

City: _____ State: ___ Zip: _____

Phone #'s: w. _____

Cell: _____ Fax: _____

Email: _____

Address: _____

CONTRACTOR:

Company Name: _____

City: _____ State: ___ Zip: _____

Phone #'s: _____

Cell: _____ Fax: _____

Email: _____

Project contact person: _____

City License #: _____

ARCHITECT/ENGINEER:

Company Name: _____

Address: _____

City: _____ State: ___ Zip: _____

Phone #'s: w. _____

Cell: _____ Fax: _____

Email: _____

Project contact person: _____

License or Registration #: _____

Is the property a designated local landmark or on the state or national register of historic places: Yes No

Is the property in a designated floodplain? Yes No

Yes – I understand that the location of the structure is the responsibility of the contractor and/or owner and that said structure shall be placed in accordance with the approved plan and Topeka zoning regulations.

Yes – I certify that the information provided to be true and correct and agree to comply with all pertinent City of Topeka codes, ordinances and regulations. By the execution of this application, I understand that I/the contractor am/is responsible to call for all required inspections. I also consent to have the City of Topeka personnel enter onto the premises legally described herein for the purpose of inspecting the premises for compliance with all applicable City codes, during normal business hours.

Yes – I understand that all inspections must be completed and approved. If a certificate of occupancy is required, said certificate must be issued PRIOR to occupancy.

Signature of Applicant

Printed Name of Applicant

Date

DESIGN PROFESSIONALS OF RECORD

Architect, Engineering MEP, Civil, Structural Firm, Fire Suppression & Designated Contacts

Firm _____	Scope _____
Contacts _____	Phone _____ Fax _____
Address _____	Email _____

Firm _____	Scope _____
Contacts _____	Phone _____ Fax _____
Address _____	Email _____

Firm _____	Scope _____
Contacts _____	Phone _____ Fax _____
Address _____	Email _____

Firm _____	Scope _____
Contacts _____	Phone _____ Fax _____
Address _____	Email _____

Building Code: _____ Occupancy Classification: _____ Construction Type: _____ BBFA case: _____

Number of stories _____ Area/floor _____ Total area of building _____ Basement Yes No

Fire Sprinkler: *Not Required* *Required* *Proposed* *Alterations to Existing*

Fire Alarm System: *Not Required* *Required* *Proposed* *Alterations to Existing*

Hood w/ suppression: Yes No Other: _____

Stamped Design Plans for the fire sprinkler & fire alarm systems & design plans for hood suppression systems are required. Required design plans shall be submitted to the Topeka Fire Department Inspection Unit within 15 days of issuance of building permit for review and approval PRIOR to installation of any system

Elevators: *Proposed* *Alterations to Existing* How many? _____ **No elevator work** is within project scope
An elevator permit application & plans must be submitted and approved PRIOR to work/installation

Description of the proposed work: If care home, apartments, hotel, motel, how many units are proposed? _____
 _____ See attached _____

Signature of architect /engineer/design professional _____ Date _____

THIS INFORMATION WILL BE COMPLETED BY CITY OF TOPEKA PERSONNEL

PLANS REVIEWED & APPROVED: _____ Date: _____
 _____ Signature of Plan Reviewer

Plans are approved subject to Section 105.4 of the 2015 International Building Code and condition(s):
 _____ See attached _____

DIVISION/DEPARTMENT REVIEWS:

	COMPLIANT	NON-COMPLIANT	
<input type="checkbox"/> Site	_____	_____	Date of initial DENIAL: _____
<input type="checkbox"/> Water	_____	_____	Date of APPROVAL: _____
<input type="checkbox"/> Erosion Control	_____	_____	_____
<input type="checkbox"/> Planning/Zoning	_____	_____	signature of reviewer
<input type="checkbox"/> Stormwater Quantity	_____	_____	Comments from the reviewer: _____ _____ _____
<input type="checkbox"/> Stormwater Quality	_____	_____	
<input type="checkbox"/> Fire Dept.	_____	_____	
<input type="checkbox"/> Traffic	_____	_____	
<input type="checkbox"/> Health - KDA	_____	_____	
<input type="checkbox"/> Ks Historical	_____	_____	
<input type="checkbox"/> Landscape	_____	_____	