



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

Plan Submittal Summary Sheet for Commercial Building Permit Application

Section I. (For Internal Office Use Only)

Date Submitted: _____ Permit Number: _____

Section II. (To Be Completed by Architect/Engineer of Record)

Design Firm _____
 Contact Person _____ Telephone _____ FAX _____
 Cell Phone _____ Mailing Address _____
 City _____ State _____ Zip Code _____
 Email Address _____

Location of Property (distance or right-of-way measured at right angles to property line)

Project Address: _____
 North _____ East _____ South _____ West _____
 Is this a designated historic or community preservation site? _____ Yes _____ No

Type of Construction _____ Substitution _____
 Height Allowable _____ Actual _____
 Stories Allowable _____ Actual _____

Plan Submittal Includes:

- Architectural
- Structural
- HVAC
- Electrical
- Plumbing
- Civil
- Landscape
- Special Systems
- Storm Water Management Information
- Erosion Control
- Parking Lot
- Other

Project Includes:

- Elevator(s): Total Number _____ Number of Elevator Banks _____
- Fire Alarm/Notification System
- Sprinkler System

Sprinkler System:

- Required
- Provided Throughout
- Provided Partial – Areas with sprinkler system: _____

Allowable Floor Area

Basic Allowable _____
 Allowable Increase (open yard) _____
 Allowable Increase (more than one story) _____
 Allowable Increase (sprinkler system) _____
Total Allowable Area _____
Actual Area _____

Occupant Load

Total Building _____
Assembly Areas (indicate by room number)

Occupancy Classification(s) _____
Mixed Occupancy Ratio (if required) _____

Plumbing Fixtures

Required
 Men Water Closets _____ Lavs _____ Showers _____ Urinals _____
 Women Water Closets _____ Lavs _____ Showers _____
 Service Sinks _____
 Drinking Fountains _____

Provided
 Men Water Closets _____ Lavs _____ Showers _____ Urinals _____
 Women Water Closets _____ Lavs _____ Showers _____
 Service Sinks _____
 Drinking Fountains _____

Special Inspections Required?

Individual making the required inspections:
Name _____
Address _____
Telephone _____

Special Considerations by Architect/Engineer

Note – These installation documents may be submitted by deferred submittal for review and approval:

- Elevator installation plans to be submitted for review and approval by the City of Topeka, Development Services Division PRIOR to installation of elevator equipment.
- Automatic fire-extinguishing system plans and fire alarm system plans to be submitted for review and approval by the City of Topeka Fire Department – Fire Prevention PRIOR to installation of such systems.