



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 _____

FIRE SPRINKLER CONTRACTOR NAME & INFO	FIRE ALARM CONTRACTOR NAME & INFO	HOOD CONTRACT NAME & INFO
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Building Code: \_\_\_\_\_ Occupancy Classification: \_\_\_\_\_ Construction Type: \_\_\_\_\_ BBFA case: \_\_\_\_\_  
 Number of stories \_\_\_\_\_ Area/floor \_\_\_\_\_ Total area of building \_\_\_\_\_ Basement \_\_\_\_ Yes \_\_\_\_ No  
 Fire Sprinkler: *Required* \_\_\_\_ *Proposed* \_\_\_\_ *Alterations to Existing* \_\_\_\_ Hood w/ suppression: \_\_\_\_ Yes \_\_\_\_ No  
 Fire Alarm System: *Required* \_\_\_\_ *Proposed* \_\_\_\_ *Alterations to Existing* \_\_\_\_ 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 2006 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	_____	_____	_____