



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

TEMPORARY STRUCTURE PERMIT APPLICATION

DATE: _____

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

****PERMIT IS ONLY GOOD FOR 180 DAYS****

Project Location : _____

Legal Description

Lot: _____ Block: _____ Subdivision: _____

Is the property on the register of historic places?

Yes

No

Owner Name / Phone : _____ / (____) ____ - _____

Address : _____

Contact / Phone : _____ / (____) ____ - _____

Use of Building: _____ Square Feet: _____

Describe Work: _____

ADDITIONAL ITEMS NEEDED TO APPLY FOR PERMIT

1. DISTANCES TO OTHER BUILDINGS.
2. DRIVE LOCATIONS AND PARKING AREA.
3. ANCHORING DETAILS. (MANUFACTURING RECOMMENDATION FOR A 90 MPH WIND)
4. UTILITY LOCATIONS - ESPECIALLY IF METHOD OF ANCHORING WILL PENETRATE SURFACE OF PARKING LOT.
5. BUILDING PLANS - TYPE OF MEMBRANE - FLAME SPREAD INCLUDED

Site	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Building	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Planning	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Fire	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Traffic	Approved: _____	Date: _____	Disapproved: _____	Date: _____

Comments: _____