

## **Building Safety Division**

8500 Santa Fe Dr Overland Park, KS 66212

(913)895-6225 Fax (913)895-5016 Email: peod@opkansas.org

## **Commercial Building Permit Application - Plan Review Submittal**

Planning and Develo	pment Services Departi	nent		www.opkansas.org
SECTION 1 - APPI	ICANT INFORMATI	ION		Development No:
				PRS No:
Date	Project Name _			
Project Address				Suite #
If Food Service Est	ablishment, is it Smoke	Free? 🗌 Yes 🖺 I	No	
Print \	YOUR Name		(Com	pany You Represent)
You Are: Owner Cor	ntractor Architect Engin	neer (please circle) A	ddress	
or(Other	er Role)	_		(Company Address)
,	·		mail Address	,
Phone	Cell Ph	one		Fax
				ame
Business Address	<del></del>	City, State	, Zip	
Owner/Agent		Owner/Agent		
	JECT INFORMATIO			
☐ New Building (If p	hased, check which one	you are applying f	for)	
☐ Foundation/Footing	☐ Building Shell	☐ Interior Finis	h 🛮 Mu	lti Family - # of Units
☐ Foundation/Footing New SQ Feet	☐ Building Shell	☐ Interior Finis		lti Family - # of Units
New SQ Feet  Does work include of	construction of any sitev	Project Valuation	struction of a	ny building area in the FEMA
New SQ Feet  Does work include of	construction of any sitev	Project Valuation	struction of a	ny building area in the FEMA
New SQ Feet     Does work include oregulated floodplain	construction of any sitev	Project Valuation vork, filling or con a floodplain devel	struction of a	ny building area in the FEMA
New SQ Feet  ■ Does work include of regulated floodplain  Land Area Disturbed  □ Remodel	construction of any sites  n?	Project Valuation  vork, filling or con a floodplain develo	struction of a opment permi	ny building area in the FEMA t is required.
New SQ Feet  ■ Does work include of regulated floodplain  Land Area Disturbed  □ Remodel	construction of any sites  n?	Project Valuation  vork, filling or con a floodplain develo	struction of a	ny building area in the FEMA t is required.

## **SECTION 3 - PERMIT ISSUANCE**

## **Applicant Completes**

Date	Print Your Name					
Company You Represent _						
You Are: Owner Co	ontractor Architect Engineer or	M. D.L.				
	(please circle) (C					
Business Address						
City, State, Zip		,				
E-mail Address	Phone					
After Hours Phone	Fax					
Projected Date of Occupa	ancy					
OFFICE USE ONLY:						
Permit Representative Completes						
Permit Number	Sewer Permit Number	Fee				
Method of Payment □	Check#	(MC, V, D, AE)				
Zoning	Construction TypeOccupa	псу Туре				
Water Availability Letter	on File? ☐ Yes ☐ No ☐ N/A Landscape Condition:	☐ Yes ☐ No ☐ N/A				
Site Grade Inspection Re	equired?   Yes   No Spec Books:   Yes   No	□ N/A				
Johnson County License:	: □ Yes □ No □ N/A					
Issued By	Reviewed By					