UNIFIED GOVERNMENT OF WYANDOTTE COUNTY, KANSAS CITY, KS

Neighborhood Resources Center – Building Inspection Division
Development Review Committee (DRC)
Commercial Building Permit Application

DRC # _____ - _____

PROJECT INFORMATION

Date: _____ Project/Business Name: _____

Project Address: _____

Proposed Type of Business: _____

Previous use/occupancy: _____

Is the site within a floodplain ☐ Yes ☐ No (if yes, page 3 is required to be completed by applicant)

Is this site within a Historic District ☐ Yes ☐ No

APPLICANT/CONTACT INFORMATION- Please select one to be the point of contact for this project

Applicant Name: _____ Phone No. _____

Address: _____ Fax No. _____

_____ Email: _____

Applicant Signature: _____

Are you the - ☐ Owner ☐ Owner's Agent ☐ Architect ☐ Engineer ☐ Contractor ☐ Point of Contact

Tenant/Owner: _____ Phone No. _____

Address: _____ Fax No. _____

_____ Email: _____

☐ Same as above ☐ Point of Contact

Contractor: _____ Phone No. _____

Address: _____ Fax No. _____

_____ Email: _____

☐ Point of Contact _____ License No. _____

Architect: _____ Phone No. _____

Address: _____ Fax No. _____

_____ Email: _____

☐ Point of Contact _____

Engineer: _____ Phone No. _____

Address: _____ Fax No. _____

_____ Email: _____

☐ Point of Contact _____

COST OF PROJECT – Cost must reflect labor and material for each trade

Building Cost: _____ Electrical Cost: _____

Plumbing Cost: _____ Mechanical Cost: _____

Total Project Cost Including all Trades: _____

OFFICE USE ONLY:

**Plan Review Fee: $_____ *Building Permit Fee: $_____

Paid ☐ Yes ☐ No Paid ☐ Yes ☐ No

PROJECT INFORMATION – Please check one

☐ New Commercial ☐ Addition ☐ Accessory Structure ☐ Deck/porch ☐ Pool ☐ Interior Remodel
☐ Description/Other: _____
☐ Change of Occupancy - From _____ to _____

Dimensions of Existing Structure(s)

Structure 1 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Structure 2 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Structure 3 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Demolition/wrecking ☐ Structure 1 ☐ Structure 2 ☐ Structure 3
Type of Wrecking ☐ Hand ☐ Machine ☐ Other: _____
Dept of Basement – Structure 1 _____ft Structure 2 _____ft Structure 3 _____ft

Dimensions of New Structure/Addition/Pool/Other

Structure 1 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Structure 2 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Structure 3 - Width _____ x Length _____ x Stories_____ = _____ Total Area
Swimming Pool _____ sq ft

Type of Construction (circle one)

I – A B II – A B III – A B IV – H T V – A B

Occupancy Group (circle one)

A B E F H I M R S U Div. _____

Excavation/Fill

Quantity of Fill _____ Cubic yards Borrow Site: _____
Quantity of Excavation: _____ Cubic yards Disposal Site: _____
Land Area Disturbed _____ Acres

☐ *Will this project have a **Food Service Establishment**?* If yes, submit one (1) complete set of plans to Kansas Department of Agriculture, 109 SW 9th Street, 3rd Floor, Topeka, Kansas 66612. KDA can be reached at (785) 296-5600.

☐ *Will this project sell **Pre-Packaged Food**?* If yes, submit one (1) complete set of plans to the Department of Health at 619 Ann Avenue, Kansas City, Kansas 66101. Department of Health can be reached at (913) 321-4803.

☐ *Will this project have a swimming **Pool**?* If yes, submit one (1) complete set of plans to the Department of Health at 619 Ann Avenue, Kansas City, Kansas 66101. Department of Health can be reached at (913) 321-4803.

☐ *Does work include construction of any sitework, filling or construction of any building area in the **FEMA regulated floodplain**?* If yes, complete page 3 of this application and/or contact the Planning and Zoning Department at (913) 573-5750.

UG CONTACT INFORMATION

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY, KANSAS CITY, KANSAS
Neighborhood Resources Center
4601 State Avenue, Suite 88
Kansas City, Kansas 66102
(913) 573-8620 Fax (913) 573-8622 www.wycokck.org

Building Inspections	(913) 573-8620	**Business Licenses**	(913) 573-8780
Planning and Zoning	(913) 573-5750	**Health Department**	(913) 321-4803
Public Works	(913) 573-5400	**B.P.U. Water and Electric**	(913) 573-9846
Fire Prevention	(913) 573-5550	**DRC Coordinator**	(913) 573-8664
Kansas Department of Health and Environment (KDHE)		(785) 596-5600	
Kansas Department of Water Resources (DWR)		(785) 296-3717	www.ksda.gov/dwr
Army Corps of Engineers – Kansas District		(816) 389-2000	www.nwk.usace.army.mil

PROJECT INFORMATION – Please check one

☐ New Commercial/New Residence ☐ Addition ☐ Accessory Structure ☐ Deck/porch ☐ Pool
☐ Fill/Grading ☐ Manufactured Home ☐ Site Improvements ☐ Interior improvements
☐ Change of Occupancy - From _____ to _____ ☐ Description/Other: _____

Special Flood Hazard Area Information (REQUIRED SECTION)

Parcel within a special flood hazard designation of ☐ A ☐ AE ☐ AH ☐ AO ☐ Other: _____
Flood Insurance Rate Map (FIRM) panel number: _____ Effective Map Date: _____
Are other Federal, State, or local permits obtained? ☐ Yes ☐ No ☐ Submitted/pending application/review
Is the proposed development within a designated floodway? ☐ Yes ☐ No
If yes, is the No-rise certification by a Kansas registered engineering attached: ☐ Yes ☐ No
Base flood elevation at the site: _____ feet NGVD
Required lowest floor elevation (including basement): _____ feet NGVD
Elevation to which all utilities, including heating & electrical equipment (freeboard requirement): _____ feet NGVD

Alternations, Additions, or Improvements to Existing Structures (REQUIRED SECTION)

What is the estimated market value of the existing structure: $ _____
What is the cost of proposed construction/improvements: $ _____
If the cost of the propose construction equals or exceeds 50% of the market value of the structure, then the substantial improvement or substantial damage provisions shall apply.

Complete for Non-Residential Flood proofing Construction (REQUIRED SECTION)

Type of Floodproofing method: _____
The required flood proofing elevation is: _____ feet NGVD
Flood proofing certification by a Kansas registered engineer is attached: ☐ Yes ☐ No
Wet proofing certification by a Kansas registered engineer is attached: ☐ Yes ☐ No

Excavation/Fill (REQUIRED SECTION)

Quantity of Fill: _____ Cubic yards Borrow Site: _____
Quantity of Excavation: _____ Cubic yards Disposal Site: _____
Land Area Disturbed: _____ Acres

Checklist and Floodplain Requirements for Plan Submittal

☐ **Site plan/plot plan requirements** shall show proposed and existing site conditions, utility lines, easements, right-of-way designation, set back dimensions, FIRM panel number, FIRM effective date, floodplain zone designation, floodplain and/or floodway location shall be delineated on plan, base flood elevation shall be provide, proposed/finish floor elevation and proposed/finish elevation for utilities shall be shown. Shall be sealed by a Kansas licensed surveyor or engineer.

☐ **Development within a floodway** shall include a no-rise certification sealed by a Kansas registered engineer.

☐ **Non-residential construction** shall include a flood proofing certification or a wet proofing certification sealed by a Kansas registered engineer.

☐ **Construction plans** as they apply to your scope of work. Reference residential checklist at www.wycokck.org/Building and commercial check list at www.wycokck.org/DRC.

☐ **Provide copies** of Federal and State permits for your proposed scope of work.

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