

PLAN REVIEW FEE: \$ _____ REC. BY _____

CITY OF OLATHE
COMMERCIAL FOUNDATION PERMIT APPLICATION
(PLEASE PRINT)

ALL INFORMATION BELOW SHALL BE COMPLETE PRIOR TO SUBMITTAL OF APPLICATION

CHOOSE ONE: NEW CONSTRUCTION _____ ADDITION _____ **NOTE: INCLUDE LETTER OF RISK**

PLANNING DEPT. CASE NO. _____ LOT AREA: _____ SQ FT.

BUSINESS NAME: _____

PROPERTY ADDRESS: _____ ZIP: _____

LEGAL: LOT: _____ BLOCK: _____ SUBDIVISION & PLAT: _____

QUARTER _____ SECTION _____ TOWNSHIP _____ RANGE _____ EST. CONSTR. COST \$ _____
(WITHOUT PROPERTY)

ZONED: _____ CONSTRUCTION TYPE: _____ OCCUP. GROUP: _____

PROPOSED USE: _____ TOTAL SQ. FOOTAGE: _____ OF BLDG. FOOTPRINT

WILL THIS BUILDING BE FIRE SPRINKLED? YES _____ NO _____

UTILITIES: WATER SUPPLY -- CITY _____ -OR- JOCO WATER DISTRICT _____
SEWAGE DISP. -- CITY _____ -OR- JOCO WASTE WATER _____ -OR- SEPTIC _____
ELEC. SERVICE -- KCPL _____ -OR- KPL _____

BUSINESS OWNER: _____ CONTACT PERSON: _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____
PHONE No: () _____ FAX No. () _____

ARCH. FIRM NAME: _____ CONTACT PERSON: _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____
PHONE No: () _____ FAX No. () _____ Reg. # _____

APPLICANT'S SIGNATURE _____ DATE _____

GENERAL CONTRACTOR: _____ CONTACT PERSON: _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____
PHONE No: () _____ FAX NO. () _____ Reg. # _____

SUBCONTRACTORS: (REQUIRED FOR ANY UNDERSLAB WORK)

ELECTRICAL
(LICENSE NO. _____)

PLUMBING
(LICENSE NO. _____)

MECHANICAL
(LICENSE NO. _____)

OFFICE USE ONLY: APPLICATION No. _____ PERMIT No. _____ DOC _____