



Application for COMMERCIAL Building Permit, Building Services Division
PRINT CLEARLY OR TYPE - Complete Items #1 - #21

1. Address (where work is to be done) 2. Name of Business (where work is to be done)

3. Legal Description (Lot-Block-Subdivision) OR Parcel ID# (attach separate sheet if necessary)

4. Owner Information

Form for Owner Information with fields for Name, Contact Purposes, Email, Phone #, and Complete Mailing Address.

5. General Contractor Information

Form for General Contractor Information with fields for Company Name, Contact Purposes, Email, Phone #, City License #, and Complete Mailing Address.

6. Architect Information

Form for Architect Information with fields for Company Name, Architect's Name, Email, Phone #, KS License #, and Complete Mailing Address.

7. Engineer Information

Form for Engineer Information with fields for Company Name, Engineer's Name, Email, Phone #, KS License #, and Complete Mailing Address.

8. DESCRIBE WORK - BE SPECIFIC

Large empty box for describing the work to be done.

9. Does the building have (or will have): Fire Sprinkler System Y N Fire Alarm System Y N Other Fire Suppression System Y N

10. Square Footage 11. Use of Building 12. Total value (labor & materials)

13. Type of Construction 14. Occupancy Classification 15. Occupant Load

16. SUB-CONTRACTORS(indicate contractor company name, N/A or TBD) Contractors must be appropriately licensed with the City of Salina

MECHANICAL ELECTRICAL PLUMBING

SITE UTIL.(water,sewer,fire line) SITE UTIL.(elec.service) ROW Concrete

17. Applicant's Name-PRINT 18. Applicant's Phone Number

19. Applicant Represents: 20. Applicant's Email:

Name of Company/Employer

I hereby certify that I have read and examined this application and know the same to be true and correct. I hereby certify that I have been authorized by the owner to act as his agent in applying for and obtaining this permit.

21. SIGNATURE OF APPLICANT Date:

STAFF USE ---Accepted By: Date: Project # Bin # BLF-35 Rev. 12-2015