



CITY OF BALDWIN CITY – CODES DEPARTMENT

Planning & Development/1015 Orange Street/POB 86
Baldwin City, KS 66006 (785) 594-6907/ (785) 594-6522

Submit Permits, Questions On-Line: codesdepartment@baldwincity.gov

BUILDING PERMIT APPLICATION - COMMERCIAL (Fill out all applicable information)

☐ NEW ☐ ADDITION ☐ REMODEL ☐ TENANT FINISH ☐ REPAIR ☐ OTHER

Square footage of Structure: _____ Lot Area: _____ SQ FT: _____ Zoned: _____

Property Address: _____ Zip: _____

Business Name: _____

Construction Type: _____ Occupancy Group: _____

Proposed Use: _____

Estimate Construction Costs (labor, equipment, material totals) : \$_____

Height: _____ Stories: _____ Basement or Slab: _____ Number of Buildings: _____ Units: _____

Is this building sprinkled? ☐ YES ☐ NO

Utilities:	Electric: <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Size: _____
	Water: <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Size: _____
	Sewer: <input type="checkbox"/> YES <input type="checkbox"/> NO	Service Size: _____

All Architectural Drawings shall be sealed by a REGISTERED ARCHITECT licensed in the State of Kansas. (K.S.A. 74-7021). All Electrical, Plumbing, Mechanical, and Structural Drawings shall be sealed by a PROFESSIONAL ENGINEER, licensed in the State of Kansas. (K.S.A. 74-7019).

Construction Documents provided (2 sets): ☐ YES ☐ NO

THE REQUIRED PRINTED PLANS SCALED AT 1/4 INCH PER FOOT ARE TO BE DELIVERED TO PUBLIC WORKS.

Property Owner: _____ **Contact Person:** _____

Address: _____ **City:** _____ **ST:** _____ **Zip:** _____

Phone #: _____ **Email:** _____

(over)

Business Owner: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

Architectural Firm Name: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

GENERAL CONTRACTOR: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

License #: _____ License Expiration Date: _____ License Jurisdiction: _____

SUBCONTRACTORS (Are to be Designated by General Contractor, Need Prior to Issuance of Permit):

Electrician:

Name: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

License #: _____ License Expiration Date: _____ License Jurisdiction: _____

Plumber:

Name: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

License #: _____ License Expiration Date: _____ License Jurisdiction: _____

Mechanical:

Name: _____ Contact Person: _____

Address: _____ City: _____ ST: ____ Zip: _____

Phone #: _____ Email: _____

License #: _____ License Expiration Date: _____ License Jurisdiction: _____

The CODE FOOTPRINT REGULATION, K.A.R. 22-01-7, defines minimum features of a code footprint for an objective evaluation by uniform application of state law using minimum resources. It also makes the code footprint available to assist local fire and building officials view new construction and changes in use.

Code Footprint will be required for any new structures, remodeling, additions, or change of occupancy for commercial buildings and must be delivered to the Baldwin City Public Works Office.

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**All Construction shall conform to the 2003 International Codes/2002 National Electrical Code
PRIOR to digging contractor is responsible for calling Kansas One Call for utility locates by dialing 811.**

Special Inspections required by INTERNATIONAL BUILDING CODE CHAPTER 17.

Design professional shall provide schedule of special inspections requirements as applicable per Chapter 17.

All Architectural Drawings shall be sealed by a Registered Architect licensed in the State of Kansas. (K.S.A. 74-7021).

**All Electrical, Plumbing, Mechanical, and Structural Drawings Shall be sealed by a PROFESSIONAL ENGINEER,
licensed in the State of Kansas. (K.S.A. 74-7019).**

**Please visit this website or contact the state of Kansas/Baldwin City Zoning and Codes for more information:
<http://www.da.ks.gov/fp/Code/CodeFAQ.htm#WhatIsACODEFOOTPRINT>**

I HAVE READ THE PREVIOUS STATEMENTS: Yes ☐

Application Completed By:

Print Name: _____ Signature: _____

Date Signed: _____

*****OFFICE USE ONLY*****

Application Received By: _____ Date Received: _____

Permit # _____ - _____ Permit Received by: _____

Fees:

Building Permit Fee \$ _____
Electrical Inspection \$ _____
Sewer Tap Insp \$ _____
Park Improvement \$ _____

Water System Connection Fee \$ _____
Sewer System Connection Fee \$ _____
Electrical Connection Fee \$ _____
Total Permit Fees \$ _____