



LABETTE COUNTY
For the Great Plains Industrial Park
CODES ADMINISTRATION
1902 SOUTH HIGHWAY 59, BLDG. C.
PARSONS, KANSAS 67357
(620) 421-4350
FAX (620) 421-2324



PERMIT APPLICATION
(Modular Office/Storage Facility)

APPLICANT, PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION (PLEASE PRINT)

1) Project Name: _____

2) Project Address: _____

3) Scope of Work (New Building, Building Addition, Tenant): _____

Additional information submitted: _____

PLEASE LIST ADDRESS TO WHICH CODES ADMINISTRATION IS TO SEND REVIEW COMMENTS:

5) Applicants Name: _____

Contact Person: _____

Address: _____

City, Street, Zip: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

PERMITS WILL ONLY BE ISSUED TO COMPANIES LICENSED IN THE STATE OF KANSAS.

Project Valuation

Total Project Valuation (Plus Mech, Plbg, Elec, Sprklr, Etc., Excluding Site Improvements and property): *\$ _____

*PROVIDE SEPARATE TOTAL PROJECT AND BUILDING VALUATIONS. IF THE PROJECT CONTAINS SEPARATE BUILDINGS, PERMIT FEES SHALL BE CALCULATED SEPARATELY FOR EACH BUILDING.

Tenant Information

Provide a description of the proposed use for the space. Indicate the nature of the business and the type of daily activities to be performed.

Subcontractors

Provide the name of the subcontractors performing the work in the following areas.

- Mechanical _____
- Electrical _____
- Plumbing _____

Notice

PLACEMENT IS CONTINGENT UPON OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM LOCAL, COUNTY, STATE AND/OR FEDERAL AUTHORITIES, AS APPLICABLE. SEPARATE PERMITS REQUIRED FOR ELECTRICAL, PLUMBING, HEATING AND AIR CONDITIONING, AND SEWER.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERFORMANCE OF CONSTRUCTION.

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

LCZA OFFICE USE ONLY

Tracking Number: _____ Permit Number: _____

Processed by: _____ Date: _____