



Application Number _____

Building Safety Division

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Lawrence, Kansas 66044
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COMMERCIAL BUILDING PERMIT APPLICATION

Any alteration(s) of the original format or text, other than the required text fields will result in the rejection of the application. The City of Lawrence Building Safety Division relies on the format and content of this application to make requested reviews.

Date: _____

1. APPLICANT / SITE INFORMATION

Name of Applicant: _____ Signature of Applicant: _____
Site Address: _____ Suite # _____
Business Name _____

2. PROPERTY OWNER INFORMATION

Property Owner Name: _____ Signature of Property Owner: _____
Address: _____ Zip Code: _____
Phone Number: _____ Cell Phone Number: _____
Email Address: _____

3. PROJECT INFORMATION

Project Type: New Construction Addition Remodel Change of Occupancy Partial Demolition

Brief Description of Project: _____

4. PROJECT VALUATION: _____

5. CONTRACTOR INFORMATION

Contractor License Type: A B License No. _____

Company Name: _____

Contact Name: _____

Address: _____ Phone # _____ Cell Phone # _____

Email Address: _____

6 SUBCONTRACTORS

	License No.	Company Name	Phone Number
Framing	_____	_____	_____
Concrete	_____	_____	_____
Electrical	_____	_____	_____
Plumbing	_____	_____	_____
Mechanical	_____	_____	_____
Fire Sprinkler Contractor	_____	_____	_____

7. NEW CONSTRUCTION OR ADDITION TO EXISTING STRUCTURE

Type of Construction: Wood Framed Metal Framed
Type I - A B Type II - A B Type III - A B Type IV- A B Type V- A B
Single Occupancy Mixed Occupancy
Use Group(s) 1: _____ 2: _____ 3: _____ 4: _____
Separated Non-Separated
Auto Fire Sprinkler: None Throughout Building Partial
Fire Alarm System: None Automatic Manual
Total Square Footage of Project: _____
Design Occupant load: _____ Number of exits required: _____ Number of exits provided: _____
Number of Stories: _____
1st Floor ft². _____ 2nd Floor ft². _____ 3rd Floor ft². _____ 4th Floor ft² _____
Basement ft². _____ Building Footprint ft². _____

8. REMODEL OR CHANGE OF OCCUPANCY TO EXISTING BUILDING

Type of Construction: Wood Framed Metal Framed
Type I - A B Type II - A B Type III - A B Type IV- A B Type V- A B
Total Square Footage of Project: _____
Existing Occupancy
Single Occupancy Mixed Occupancy
Use Group(s) 1: _____ 2: _____ 3: _____ 4: _____
Separated Non-Separated
Auto Fire Sprinkler: None Throughout Building Partial
Fire Alarm System: None Automatic Manual
Design Occupant load: _____ Number of exits required: _____ Number of exits provided: _____

Proposed

Single Occupancy Mixed Occupancy
Use Group(s) 1: _____ 2: _____ 3: _____ 4: _____
Separated Non-Separated
Auto Fire Sprinkler: None Throughout Building Partial
Fire Alarm System: None Automatic Manual
Design Occupant load: _____ Number of exits required: _____ Number of exits provided: _____

9. DESIGN PROFESSIONAL CONTACT INFORMATION

Prepared By: _____ Architectural Firm: _____
Address: _____ Kansas License No. _____
Phone No. _____ Email Address: _____

STAFF USE ONLY Approved By _____ Date _____