Community Development



Building Codes Division

Building Permit Application (Commercial)

PROJECT INFORMATION		
Project Name:		
Project Address:		
Type of Permit (check all that apply): New Commercial or Public Building Multi-Family: No. Units Retaining Wall: Height Other: Description of Work:	_ Interior Finish	☐ Building Addition ☐ Change of Occupancy ☐ Foundation Only
Area of Construction/Remodel (sq. ft.):	No. o	of Stories:
Use of Building or Space:		
Value of Work (project items under scop		
APPLICANT INFORMATION		
AFFLICANT IN CINVALION		
Check as Applicable: Contracto	f Company)	Architect/Engineer
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of	f Company)	
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address:	f Company) City:	State: Zip:
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person:	f Company) City:	State: Zip:
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person:	f Company) City: Cell Phone:	State: Zip: Zip: Fax:
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person: Office Phone:	f Company) City: Cell Phone: mber (If applicant is a Contractor)	State: Zip: Email: Fax:
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person: Office Phone: Johnson County Contractors License Number 1988	f Company) City: Cell Phone: mber (If applicant is a Contractor) I in Responsible Charge (complete	State: Zip: Email: Fax: this portion if construction
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person: Office Phone: Johnson County Contractors License Num Owner's Designated Design Professional documents are prepared by a registered	f Company) City: Cell Phone: mber (If applicant is a Contractor) I in Responsible Charge (complete	State: Zip: Email: Fax: this portion if construction
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person: Office Phone: Johnson County Contractors License Num Owner's Designated Design Professional documents are prepared by a registered	f Company) City: Cell Phone: mber (If applicant is a Contractor) I in Responsible Charge (complete design professional): Email:	State: Zip: Email: Fax: this portion if construction Fax:
Check as Applicable: Contractor Name of Applicant/Contractor: (Name of Street Address: Contact Person: Office Phone: Johnson County Contractors License Nur Owner's Designated Design Professional documents are prepared by a registered Office Phone: I acknowledge that the information contactors is a second of the contractors of the	f Company) City: Cell Phone: mber (If applicant is a Contractor) I in Responsible Charge (complete design professional): Email:	State: Zip: Email: Fax: this portion if construction Fax:

CITY INFORMATION

Permit applications and design documents shall be submitted to the Building Codes Division, located in the lower level of the west wing of City Hall (11110 Johnson Drive Shawnee KS 66203). Building permits may also be applied for online through citizenserve.com/shawnee.