

City of Arkansas City, Kansas
Neighborhood Services Division
118 W. Central Ave
Arkansas City, KS 67005
www.arkcity.org | 620.441.4420
Email: permits@arkansascityks.gov



Current Codes:
2024 International Building Code
2024 International Residential Code
2024 International Mechanical Code
2024 International Plumbing Code
2024 International Property Maintenance Code
2023 National Electric Code

MECHANICAL PERMIT APPLICATION

Date: _____ Job Address: _____ Job Cost \$ _____

Legal Description:

Addition: _____ Lot(s): _____ Block(s): _____

Parcel Identification Number: _____

Property Owner or Business Name: _____

Owner or Business Address: _____ Phone: _____

Contractor Name: _____ Phone: _____

PROJECT DESCRIPTION:

Building Use: Commercial Residential Type of Work: New Replacement

Work Description:

Special Conditions:

*****NOTE: PLEASE CALL AT LEAST 24 HOURS IN ADVANCE FOR REQUIRED INSPECTIONS.**

THAT THE SAID BUILDING SHALL BE DEMOLISHED, CONSTRUCTED, REMODELED, OR REPAIRED IN ACCORDANCE WITH ALL THE REQUIREMENTS OF THE LAWS OF THE STATE OF KANSAS AND THE ORDINANCES OF THE CITY OF ARKANSAS CITY RELATIVE TO FIRE REGULATIONS, SUBDIVISION REGULATIONS, ZONING AND ALL OTHER REGULATIONS CONTROLLING SUCH WORK, IN A SUBSTANTIAL AND WORKMANLIKE MANNER AND ACCORDING TO THE RECOGNIZED STANDARD METHODS OF CONSTRUCTION EMPLOYED FOR THE TYPE AND CLASS OF BUILDING ADOPTED FOR THE BUILDING;

THAT THE CITY OF ARKANSAS CITY SHALL BE HELD HARMLESS FROM ANY AND ALL LOSS AND EXPENSE OR LIABILITY OF ANY KIND WHATSOEVER WHICH THE CITY MAY SUFFER, INCLUDING ALL COSTS INCURRED IN THE DEFENSE OF ANY SUIT OR ACTION RESULTING FROM THE ISSUANCE OF THIS PERMIT, OR BECAUSE OF THE DEMOLITION OF THE SAID BUILDING OR CONSTRUCTION, THEREOF, OR BY ANY REASON OF ANY ACT OR THING DONE BY VIRTUE OF THIS PERMIT.

BEFORE STARTING ANY EXCAVATION, KANSAS ONE CALL MUST BE CONTACTED AT 1-800-344-7233. AN ASBESTOS INSPECTION MAY BE REQUIRED. CONTACT THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT, ASBESTOS CONTROL SECTION, 1-785-296-1550 FOR INFORMATION. IF REQUIRED, A COPY OF THE ASBESTOS INSPECTION REPORT SHALL BE SUBMITTED TO THE BUILDING OFFICIAL PRIOR TO ANY WORK BEING PERFORMED.

WORK MAY BE STOPPED OR PERMIT CANCELED BY BUILDING OFFICIAL FOR JUST CAUSE.

I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT.

CONTRACTOR SIGNATURE OR AUTHORIZED AGENT

DATE

Mike Bellis

BUILDING OFFICIAL SIGNATURE OR AUTHORIZED AGENT

DATE