

119 North Hersey Avenue  
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Beloit, Kansas 67420



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## **Application for Commercial Zoning and Building Permit**

1. Prior to the construction enlargement, alteration, repair, movement, demolition or change of occupancy of ***any*** building or structure, an application for a Zoning and Building Permit shall be approved. The zoning permit is required to verify that the project is in compliance with the zoning regulations and to determine whether or not a building permit is necessary.
2. Application forms shall be provided by the City of Beloit and completed by the property owner or his/her designated agent (contractor).
3. The applicant for commercial structures shall provide the following at the time of application:
  - a. One (1) set of construction documents (drawings and specifications)
  - b. a site plan drawing, showing the actual dimensions of the lot to be built upon;
  - c. Dimensions of property and location of property boundaries.
  - d. Location and dimensions of all existing and proposed structures.
  - e. Location of all utilities (proposed and existing, above or below ground)
  - f. Off street parking and number of parking stalls (if applicable).
  - g. Size and location of signs (if applicable).
  - h. Complete floor plan
  - i. Elevations showing foundation, floor, wall, ceiling, and roof structure.
  - j. List of materials to be used on the project.
  - k. points of egress and ingress;
  - l. driveways;
  - m. parking lots and/or other individual parking spaces;
  - n. other information as may be deemed necessary.
4. **A development review meeting will be arranged with the property owner(s), contractor(s), City Administrator, Building Inspector, and Directors of the Transportation, Electrical and Water/Wastewater Systems departments.**
5. No permit shall be issued unless construction drawings and plans are submitted.
6. Permits expire after six (6) months if construction has not begun. Construction is considered to begin when the footings are pored.

# City of Beloit

## Zoning Permit

(Incomplete applications will not be approved)

Property Owner \_\_\_\_\_

Address of Project \_\_\_\_\_

Zoning District \_\_\_\_\_ Right-of-way: \_\_\_\_\_

Site plan submitted:      Yes                  No

Type of Project:       New Building       Remodel       Addition

Repair       Fence       Accessory       Other \_\_\_\_\_

Describe Project \_\_\_\_\_

Property Setbacks (if known):

Front yard \_\_\_\_\_ Rear yard \_\_\_\_\_ Side yard \_\_\_\_\_ Side yard \_\_\_\_\_

Property Owner/Agent \_\_\_\_\_

Signature

Date

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### **For Official Use Only:**

**Zoning Permit Required?**      Yes      No                  **Issued?**      Yes      No

**Building Permit Required?**      Yes      No                  **Issued?**      Yes      No

Reason for Denial \_\_\_\_\_

Action necessary to comply: \_\_\_\_\_

Zoning Permit Issued by \_\_\_\_\_

Zoning Administrator

Date

# City of Beloit

## Commercial Building Permit

(Incomplete applications will not be approved)

Application Date: \_\_\_\_\_ Permit Number \_\_\_\_\_

1. Applicant/Owner Name \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

3. Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

4. Address of Construction \_\_\_\_\_ **OR**

4a. Lot \_\_\_\_\_ Block Addition \_\_\_\_\_

5. Zoning District \_\_\_\_\_

6. Type of Improvement: (check all that apply)

New

Repair

Remodel

Addition

Accessory

Other \_\_\_\_\_

7. Supplemental items for site adaptation: (check if applicable)

Water Service Tap

Sanitary Sewer Service Tap

Curb Cut

Entrance Permit

Off Street Parking

Loading/Unloading

NA

8. Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Identification of Contractor(s):

Name

Address

Phone #

General: \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Concrete: \_\_\_\_\_

Other: \_\_\_\_\_

10. Cost estimate of complete project: \$ \_\_\_\_\_

✓ Permit fee will be .25% of the estimated cost of the project. Minimum fee is \$25.00.

11. Additional costs may apply for such things as:

Impact fees   Tapping fees   Hook-up fees   Material/labor costs   Temporary Elec

Contact the following department heads as follows:

Director of Electric Systems	Steve Krier	785/738-7468
Director of Water/Wastewater	James Bentz	785/738-2275
Director of Transportation	Mike Clark	785/738-3633

**12. Contractor or owner is responsible for contacting 1-800-DIGSAFE for utilities locates, including gas service, prior to any dirt work.**

Free and unlimited access shall be allowed to your project site anytime during daylight hours to any Building & Zoning Officials who are investigating the project's construction, operation, or maintenance. You can expect that the Building & Zoning Official will visit the construction site frequently until the project is complete.

\_\_\_\_\_  
Applicants Signature Date

**For Official Use Only**

Building Permit Fee: \$ \_\_\_\_\_

Date Fee Paid: \_\_\_\_\_

Reason for Disapproval: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INSPECTION RECORD

1. **PHONE 785-3553 FOR INSPECTION BEFORE CONCEALING ANY WORK OR PROCEEDING TO THE NEXT STAGE OF CONSTRUCTION.**
2. **INSPECTIONS ARE REQUIRED. THE BUILDING INSPECTOR WILL SIGN AND DATE EACH INSPECTION WHEN APPROVED.**

PERMIT NUMBER

**PROJECT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_

**ZONING:** \_\_\_\_\_ **OCCUPANCY TYPE:** \_\_\_\_\_ **Start Date** \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_

**PLUMBING CONTRACTOR:** \_\_\_\_\_

**ELECTRICAL CONTRACTOR:** \_\_\_\_\_

**MECHANICAL CONTRACTOR:** \_\_\_\_\_

**CONCRETE CONTRACTOR:** \_\_\_\_\_

**APPROVED SETBACKS:**

**FRONT** \_\_\_\_\_ **SIDE** \_\_\_\_\_ **SIDE** \_\_\_\_\_ **SIDE** \_\_\_\_\_ **REAR** \_\_\_\_\_

**SPECIAL CONDITIONS:** \_\_\_\_\_

\_\_\_\_\_

Post this card at the building site, visible from the street and so located as to permit the inspector to access both sides of the card. Per the Uniform Building Code, Section 108.2, no work authorized by the permit shall commence until this Inspection Record Card is displayed or made available to the inspector at the job site.

**PROCESSED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# **INSPECTION RECORD**

- 1. PHONE 785-3553 or 785-7419 FOR INSPECTION BEFORE CONCEALING ANY WORK OR PROCEEDING TO THE NEXT STAGE OF CONSTRUCTION.
- 2. THESE INSPECTIONS ARE REQUIRED. INSPECTOR WILL SIGN AND DATE EACH INSPECTION WHEN APPROVED.

<input type="checkbox"/> <b>SITE/ZONING</b>	_____
<input type="checkbox"/> <b>PLUMBING GROUND RUN</b>	_____
<input type="checkbox"/> <b>SEWER SERVICE</b>	_____
<input type="checkbox"/> <b>WATER SERVICE</b>	_____
<input type="checkbox"/> <b>FENCE</b>	_____
<input type="checkbox"/> <b>FOOTING</b>	_____
<input type="checkbox"/> <b>FOUNDATION</b>	_____
<input type="checkbox"/> <b>FLOOR</b>	_____
<input type="checkbox"/> <b>WALL CONSTRUCTION</b>	_____
<input type="checkbox"/> <b>ROOF, CEILING</b>	_____
<input type="checkbox"/> <b>ELECTRICAL</b>	_____
<input type="checkbox"/> <b>MECHANICAL</b>	_____
<input type="checkbox"/> <b>PLUMBING</b>	_____

**FINAL**

**BUILDING SAFETY** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**BOTH SIDES OF THIS CARD ARE TO BE MADE AVAILABLE AND ACCESSIBLE TO THE INSPECTOR**