



APPLICATION FOR CHANGE OF OCCUPANCY

Fee of \$95.00 due at time of application.

Floor plan(s) required.

- Form checkboxes for business location types: New/Different Business Location, Expansion/Modification of Existing Business, Existing Business/Change of ownership

Date: Application Number:

Location of Business: Zoning District:

Name of Business:

Nature of business: (check which applies)

- Form checkboxes for business nature: Sales, Service, Distribution, Warehouse, Production, Other

Kind of goods sold, advertised, produced or services provided:

Will there be any outdoor storage of merchandise or products? Yes No

If yes, what type:

List type of equipment and/or machinery that will be installed:

Maximum number of persons to be employed:

Is the building protected by a fire sprinkler system? Yes No

Previous occupant at this location if known:

Length of time the property has been vacant if known:

Office Use Only:

Type of Occupancy:

Total Square Footage: Design Occupant Load:

Construction Type:

- Form checkboxes for construction types: Type I, II, III, IV, V (A/B)

Name of Business Owner:

Phone: Email Address:

Preferred Contact Method: Phone Email

Address of Business Owner:

Send Certificate to: Business Address Business Owner's Address Email Address

Name of Property Owner: Phone:

If this use will include any food service, food prep or packaged food sales you will also need to contact the Kansas Department of Agriculture, (785) 564-6767 or [www.agriculture.ks.gov](http://www.agriculture.ks.gov).

**NOTE: ANY CODE VIOLATIONS NOTED DURING INSPECTION SHALL BE CORRECTED WITHIN 30 DAYS. CALL FOR REINSPECTION AFTER CORRECTION(S) IS MADE. FAILURE TO COMPLY WILL BE CAUSE FOR DISCONNECTION OF UTILITIES.**

\_\_\_\_\_  
Signature of Applicant

*This application may take 10-14 days to be approved depending on each situation and information provided*

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**\*FOR OFFICIAL USE \***

**Approved by:**

\_\_\_\_\_  
Planning Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electrical Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cross-Connection/Plumbing Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

**Initial Inspection Date:**

**Conditions for Approval Notes:**

**Final Inspection Notes:**

## PROPOSED FLOOR PLAN

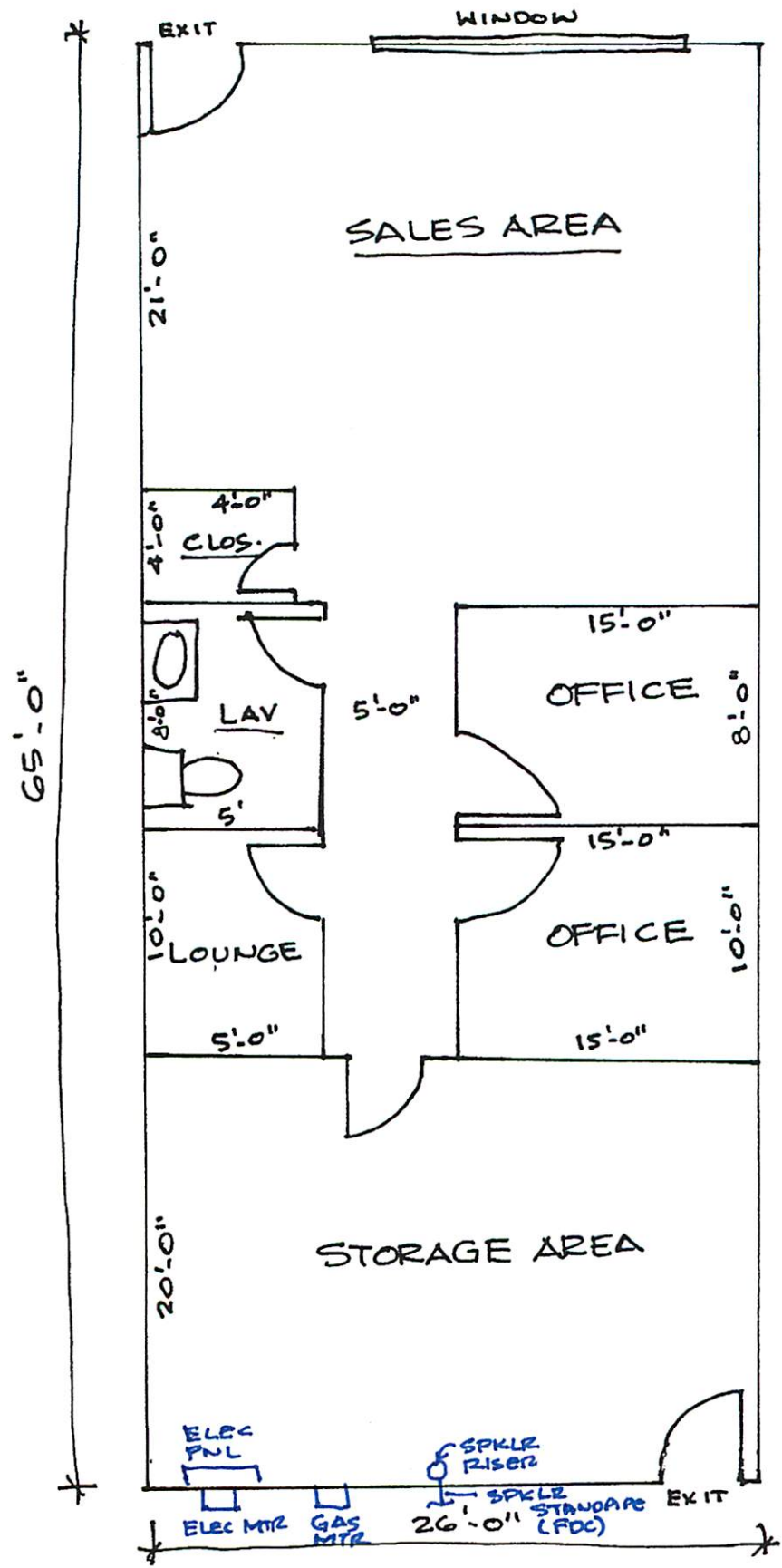
Please provide a floor plan of the layout of the building. Draw the floorplan using straight lines, label each room with its room use and include dimensions of each room in the space below or on another sheet of paper.

**Please see the example floor plan attached. We cannot approve this permit without a floor plan.**



Email the completed permit application and required documents to  
[permits@hutchgov.com](mailto:permits@hutchgov.com)

MAIN STREET



SAMPLE FLOOR PLAN