

HRA -2022-020



City of Arkansas City, Kansas
Neighborhood Services
118 West Central Avenue
Arkansas City, KS 67005
620-441-4420

BUILDING PERMIT

PERMIT #: 2200019 DATE ISSUED: 1/26/2022
KS STATE ROOFING #:
JOB ADDRESS: 408 S SUMMIT ST LOT #:
PARCEL ID: 2993003027002010 BLK #:
SUBDIVISION: ZONING:
ISSUED TO: AIR TECH CONTRACTOR: AIR TECH
ADDRESS: 2220 CRESTLANE DR ADDRESS: PO BOX 272
CITY, STATE: WINFIELD KS 67156 CITY, STATE: WINFIELD KS 67156
ZIP: ZIP:
PHONE: 620-221-4944 OFFICE PHONE: 620-218-1672
CLASS OF WORK: PLUMBING CONSTRUCTION TYPE: OCCUPANCY CLASS:
OCCUPANT LOAD: NUMBER OF STORIES: VALUATION 2,800.00
LOT SIZE: FLOODPLAIN: FLOOD PLAIN ZONE/ELEVATION:
BUILDING USE: B; BUSINESS

WORK DESCRIPTION: ROUGHING IN NEW WATER AND DRAIN LINES FOR BATHROOM REMODEL
HISTORIC REVIEW BY JW APPROVED
SPECIAL CONDITIONS:

Table with 3 columns: DESCRIPTION, CONTRACTOR, AMOUNT. Includes row for PLUMBING by AIR TECH for \$30.00 and a TOTAL row for \$30.00.

NOTE:

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...

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.

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.

COMMERCIAL FINAL INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 72 HOURS IN ADVANCE.
REGULAR INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE.

X
(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

Handwritten signature of Denise Watts

(ICC CERTIFIED PERMIT TECHNICIAN)

DATE

DATE



City of Arkansas City, Kansas

Neighborhood Services
118 West Central Avenue
Arkansas City, KS 67005
620-441-4420

BUILDING PERMIT

PERMIT #:	2200049	DATE ISSUED:	2/25/2022
KS STATE ROOFING #:		LOT #:	
JOB ADDRESS:	408 S SUMMIT ST	BLK #:	71
PARCEL ID:	2993003027002010	ZONING:	C-4, CENTRAL BUSINESS
SUBDIVISION:	ORIGINAL TOWN		
ISSUED TO:	TITAN ELECTRIC LLC	CONTRACTOR:	TITAN ELECTRIC LLC
ADDRESS:	218 W 9TH AVE	ADDRESS:	218 W 9TH AVE
CITY, STATE:	WINFIELD KS 67156	CITY, STATE:	WINFIELD KS 67156
ZIP:		ZIP:	
PHONE:	620-301-1159	PHONE:	620-301-1159
CLASS OF WORK:	ELECTRICAL	CONSTRUCTION TYPE:	
OCCUPANT LOAD:		NUMBER OF STORIES:	
			OCCUPANCY CLASS:
			VALUATION
			2,150.00
LOT SIZE:		FLOODPLAIN:	NO
BUILDING USE:	B; BUSINESS	FLOOD PLAIN ZONE/ELEVATION:	

WORK DESCRIPTION: WIRING FOR BATHROOM REMODEL AND TANKLESS WATER HEATER

SPECIAL CONDITIONS:

DESCRIPTION	CONTRACTOR	AMOUNT
ELECTRICAL	TITAN ELECTRIC LLC	\$ 30.00
SEGDESC	SEGCTNAME	SEGTOTFEES
TOTAL		\$ 30.00

NOTE:

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.

COMMERCIAL FINAL INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 72 HOURS IN ADVANCE.
REGULAR INSPECTIONS MUST BE SCHEDULED A MINIMUM OF 24 HOURS IN ADVANCE.

X

(SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

(ICC CERTIFIED PERMIT TECHNICIAN)

____/____/____
DATE

____/____/____
DATE