

H RA-2021-018
 Approved
 JWB



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

BUILDING PERMIT

PERMIT #:	2100457	DATE ISSUED:	7/23/2021
KS STATE ROOFING #:			
JOB ADDRESS:	316 S SUMMIT ST	LOT #:	
PARCEL ID:	2993003018005000	BLK #:	
SUBDIVISION:		ZONING:	
ISSUED TO:	ALL HOURS ELECTRICAL	CONTRACTOR:	ALL HOURS ELECTRICAL
ADDRESS:	1310 N CLEVELAND RD	ADDRESS:	1310 N CLEVELAND RD
CITY, STATE:	MULVANE KS 67110	CITY, STATE:	MULVANE KS 67110
ZIP:		ZIP:	
PHONE:	316-573-3162	PHONE:	316-573-3162
CLASS OF WORK:	ELECTRICAL	CONSTRUCTION TYPE:	V-B
OCCUPANT LOAD:		NUMBER OF STORIES:	
LOT SIZE:		FLOODPLAIN:	
BUILDING USE:	B: BUSINESS	FLOOD PLAIN ZONE/ELEVATION:	
		OCCUPANCY CLASS:	IV
		VALUATION	20,000.00

WORK DESCRIPTION: UPDATE ELECTRICAL PER DRAWING AND SPECIFICATIONS FROM INCOMING SERVICE TO TURN KEY COMPLETION

SPECIAL CONDITIONS:

DESCRIPTION	CONTRACTOR	AMOUNT
ELECTRICAL	ALL HOURS ELECTRICAL	\$ 74.25
SEGDESC	SEGCTNAME	SEGTOTFEES
TOTAL		\$ 74.25

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 Tom Meek
 (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

Debbie Watts
 (ICC CERTIFIED PERMIT TECHNICIAN)

7/23/2021
 DATE

1/1
 DATE

**APPLICATION FOR CONSTRUCTION PERMIT
CITY OF ARKANSAS CITY, KANSAS**

Date: 7-8-2021	Permit Number:	KS State Roofing #:	Permit Fee:	Plan Review Fee:	Total Fee:		
TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> CURB CUT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FENCE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ROOFING <input type="checkbox"/> SIGN						
JOB ADDRESS:	316^s Summit Arkcity				Zone:		
Owner:	Address:		Phone:				
Contractor: All Hours Electric	Electrician: Tony Meek	HVAC:		Plumber:			
Phone Number: 316 573-3162	USE OF BUILDING <input type="checkbox"/> RESIDENTIAL <input checked="" type="checkbox"/> COMMERCIAL						
CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE						
Construction Type: Electrical	Occupancy Class:	Occupant Load:	Number of Stories:	Project Size:	Lot Size:	Floodplain: <input type="checkbox"/> YES <input type="checkbox"/> NO	Floodplain Zone & Elevation:
WORK DESCRIPTION: + work performed per Drawing + specifications too completely update Electrical from Incoming service to							
SPECIAL CONDITIONS: turn key completion.							
IF A PERMIT IS APPLIED FOR, AND INSPECTION MUST BE SCHEDULE AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTIONS: 620-441-4420							
VALUATION (INCLUDE ALL LABOR AND MATERIALS): <div style="text-align: center; font-size: 1.5em;">20K</div>							
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.							
X <u>Tony Meek</u> (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)				<u>7/8/2021</u> DATE			
_____ (ICC PERMIT TECHNICIAN SIGNATURE)				<u> / / </u> DATE			



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

HFA-2021-018
Approved
J. White

BUILDING PERMIT

PERMIT #:	2100452	DATE ISSUED:	7/19/2021
KS STATE ROOFING #:		LOT #:	
JOB ADDRESS:	316 S SUMMIT ST	BLK #:	
PARCEL ID:	2993003018005000	ZONING:	
SUBDIVISION:			
ISSUED TO:	OAKRIDGE CONSTRUCTION SOLUTION	CONTRACTOR:	OAKRIDGE CONSTRUCTION SOLUTION
ADDRESS:	6572 E CENTRAL AVE	ADDRESS:	6572 E CENTRAL AVE
CITY, STATE:	WICHITA KS 67206	CITY, STATE:	WICHITA KS 67206
ZIP:		ZIP:	
PHONE:	316-393-1256	PHONE:	316-393-1256
CLASS OF WORK:	PLUMBING	CONSTRUCTION TYPE:	V-B
OCCUPANT LOAD:		NUMBER OF STORIES:	
LOT SIZE:		FLOODPLAIN:	
BUILDING USE:	B: BUSINESS	FLOOD PLAIN ZONE/ELEVATION:	
		OCCUPANCY CLASS:	IV
		VALUATION	25,000.00

WORK DESCRIPTION:

SPECIAL CONDITIONS:

DESCRIPTION	CONTRACTOR	AMOUNT
PLUMBING	OAKRIDGE CONSTRUCTION SOLUTION	\$ 124.00
TOTAL		\$ 124.00

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)

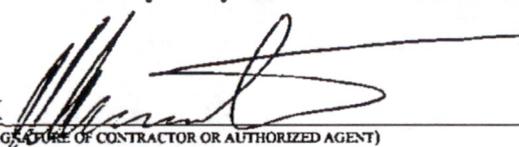
_____/_____/_____
 DATE

Debbie Wass

 (ICC CERTIFIED PERMIT TECHNICIAN)

_____/_____/_____
 DATE

**APPLICATION FOR CONSTRUCTION PERMIT
CITY OF ARKANSAS CITY, KANSAS**

Date:	Permit Number:	KS State Roofing #:	Permit Fee: 75.00	Plan Review Fee: 49.00	Total Fee: 124.00		
TYPE OF PERMIT	<input type="checkbox"/> BUILDING <input type="checkbox"/> CURB CUT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FENCE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ROOFING <input type="checkbox"/> SIGN						
JOB ADDRESS:					Zone:		
Owner:	Address:		Phone:				
Contractor:	Electrician:		HVAC:		Plumber:		
Phone Number:	USE OF BUILDING						
316 393 1256	RESIDENTIAL <input type="checkbox"/>		COMMERCIAL <input checked="" type="checkbox"/>				
CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE						
Construction Type:	Occupancy Class:	Occupant Load:	Number of Stories:	Project Size:	Lot Size:	Floodplain:	Floodplain Zone & Elevation:
			1			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
WORK DESCRIPTION:							
Kitchen Grease Trap.							
SPECIAL CONDITIONS:							
IF A PERMIT IS APPLIED FOR, AND INSPECTION MUST BE SCHEDULE AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTIONS: 620-441-4420							
VALUATION (INCLUDE ALL LABOR AND MATERIALS):							
25K							
NOTE:							
<p>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.</p> <p>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.</p> <p>Work may be stopped or permit canceled by building official for just cause.</p> <p>I hereby certify that I have read and examined this application and know the same to be true and correct.</p>							
X  (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)			7/12/21 DATE				
_____ (ICC PERMIT TECHNICIAN SIGNATURE)			1/1 DATE				



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

APCA-2021-018
Approved
J. H. H.

BUILDING PERMIT

PERMIT #:	2100431	DATE ISSUED:	7/08/2021
KS STATE ROOFING #:		LOT #:	
JOB ADDRESS:	316 S SUMMIT ST	BLK #:	
PARCEL ID:	2993003018005000	ZONING:	
SUBDIVISION:			
ISSUED TO:	P4 CONTRACTOR	CONTRACTOR:	P4 CONTRACTOR
ADDRESS:	1556 N BROADWAY ST	ADDRESS:	1556 N BROADWAY ST
CITY, STATE:	WICHITA KS 67214	CITY, STATE:	WICHITA KS 67214
ZIP:		ZIP:	
PHONE:	316-993-6758	PHONE:	316-993-6758
CLASS OF WORK:	ALTERATION	CONSTRUCTION TYPE:	V-B
OCCUPANT LOAD:		NUMBER OF STORIES:	
LOT SIZE:		FLOODPLAIN:	
BUILDING USE:	B; BUSINESS	FLOOD PLAIN ZONE/ELEVATION:	
		OCCUPANCY CLASS:	IV
		VALUATION	95,000.00

WORK DESCRIPTION: TURN EXISTING SPACE INTO A TO GO RESTAURANT, FRAME 2 NEW ADA RESTROOMS. FRAME 7 FT X 8 FT OFFICE. FRAME 22 FT X 31 FT KITCHEN, INSTALL DROP CEILING

SPECIAL CONDITIONS:

DESCRIPTION	CONTRACTOR	AMOUNT
COMMERCIAL REMODEL	P4 CONTRACTOR	\$ 453.75
TOTAL		\$ 453.75

NOTE:

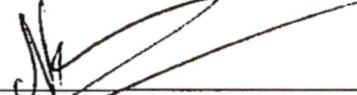
THAT THE SAID BUILDING SHALL BE DEMOLISHED, CONSTRUCTED, REMODELED, OR REPAIRED IN ACCORDANCE WITH ALL THE REQUIREMENTS OF THE LAWS OF THE STATE OF KANSAS AND THE ORDINANCES OF THE CITY OF ARKANSAS CITY RELATIVE TO FIRE REGULATIONS, SUBDIVISION REGULATIONS, ZONING AND ALL OTHER REGULATIONS CONTROLLING 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.

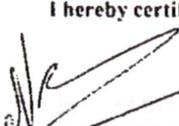
X 
 (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)

7/8/2021
 DATE


 (ICC CERTIFIED PERMIT TECHNICIAN)

1/1
 DATE

**APPLICATION FOR CONSTRUCTION PERMIT
CITY OF ARKANSAS CITY, KANSAS**

Date:	Permit Number:	KS State Roofing #:	Permit Fee:	Plan Review Fee:	Total Fee:		
5/24/2021							
TYPE OF PERMIT	<input checked="" type="checkbox"/> BUILDING <input type="checkbox"/> CURB CUT <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> FENCE <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING <input type="checkbox"/> ROOFING <input type="checkbox"/> SIGN						
JOB ADDRESS:	316 S Summit st Arkansas City Kansas 67005				Zone:		
Owner:	Address:		Phone:				
Joy Ni	719 Main st Winfield 67156		9175581206				
Contractor:	Electrician:	HVAC:	Plumber:				
P4 Contractor	All Hours Electric	Quality Heating & Air	Max Christensen Plumbing				
Phone Number:	USE OF BUILDING						
316 993 6758	RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/>						
CLASS OF WORK	<input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> MOVE <input type="checkbox"/> REMOVE <input type="checkbox"/> REPAIR <input type="checkbox"/> REPLACE						
Construction Type:	Occupancy Class:	Occupant Load:	Number of Stories:	Project Size:	Lot Size:	Floodplain:	Floodplain Zone & Elevation:
	III B	17	2	1704 sq/ft	2500 Sq/ft	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
WORK DESCRIPTION:							
Permission to turn this space into 10 go restaurant. Frame 2 new ADA Restroom. Frame 7 by 8' office. frame 22' by 31' kitchen. Install new drop ceiling. Mechanical: Install 20' hood, 3 5 tons AC units, 8' by 8' walk in cooler, 8' by 8' walk in freezer. Plumbing: 1000 gallons grease trap, 3 compartment sink, 2 compartment sink, toilets, mop sink and hand sinks. Electrical: new electrical panel.							
SPECIAL CONDITIONS:							
IF A PERMIT IS APPLIED FOR, AND INSPECTION MUST BE SCHEDULE AT LEAST 24 HOURS IN ADVANCE TO SCHEDULE INSPECTIONS: 620-441-4420							
VALUATION (INCLUDE ALL LABOR AND MATERIALS):							
Mechanical \$35000. Electrical \$22000. Plumbing \$23000. Building \$95000 total \$175000.							
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.							
 _____ (SIGNATURE OF CONTRACTOR OR AUTHORIZED AGENT)						5 / 24 / 2021 DATE	
_____ (ICC PERMIT TECHNICIAN SIGNATURE)						/ / DATE	