

**City of Bonner Springs, Kansas  
Fire Code Permit Application**

**Activity Location:** \_\_\_\_\_

**Permit Type:** \_\_\_\_\_

**Description of Activity:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Applicant After Hours Phone:** \_\_\_\_\_

**Business Owner:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Certificate Of Insurance Received:** Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Information Required: Construction Plans with Calculations and Dimensions if appropriate, Technical Data, Insurance Certification.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For office use only</b>	Receipt No. _____
Reviewed By: _____	Fee: _____
Permit Number: _____	Insurance Reviewed By: _____