



Development Services Division  
 620 SE Madison, Unit 6  
 Topeka, Ks, 66607  
 Phone: (785) 368-3704  
 Fax: (785) 368-1650

## Parking Lot Permit Application

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

Development Services – Application #: \_\_\_\_\_ Permit fee: \$ \_\_\_\_\_

Address of Proposed work : \_\_\_\_\_  
 Project Name: : \_\_\_\_\_  
 Business Name : \_\_\_\_\_  
 Owner's Name : \_\_\_\_\_  
 Building Permit # (if applicable) : \_\_\_\_\_

**Legal Description:**

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 (or See Attachment: \_\_\_\_\_)

Contractor Name / Phone : \_\_\_\_\_ / (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Address : \_\_\_\_\_

**THE UNDERSIGNED HERBY MAKES APPLICATION FOR A PARKING LOT PERMIT AT THE ABOVE LOCATION AND AGREES TO CONSTRUCT SAID PARKING AND RELATED IMPROVEMENTS IN STRICT ACCORDANCE WITH ALL APPLICABLE RULES, REGULATIONS, STANDARDS, INSPECTIONS, AND CODES OF THE CITY OF TOPEKA, KANSAS.**

Signature x \_\_\_\_\_

Date x \_\_\_\_\_

Site	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Planning	Approved: _____	Date: _____	Disapproved: _____	Date: _____
Engineering	Approved: _____	Date: _____	Disapproved: _____	Date: _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_