



Building & Zoning Department
215 S. Broadway, Louisburg, KS 66053
913-837-5811 · louisburgkansas.gov
rwhitham@louisburgkansas.gov

Commercial Change of Ownership or Use Application for Life Safety Inspection

Applicant's Name: _____
Mailing Address: _____ City: _____ State: ____ ZIP: _____
Are you the property owner: _____ Yes _____ No
Phone Number: _____ Cell Number: _____
Email Address: _____
Business Name: _____
Business Address: _____ City: _____ State: ____ ZIP: _____
Applicant's Signature: _____ Date: _____

The purpose of this two-phase inspection process is to ensure that all commercial buildings are periodically inspected checking for fire and safety issues. The City Fire Marshall and the City Building Inspector will be conducting two separate inspections of your building(s). The fee for both inspections is \$50. This inspection process is initiated every time the ownership or change of use of a commercial property has occurred.

Inspection Code Requirements:

The Building Inspector and Fire Department Inspector will conduct the inspection consultation to identify code deficiencies that need to be corrected for future occupancy. The City of Louisburg has adopted the following codes:

- 2003 International Residential Code
- 2003 International Building Code
- 2003 International Mechanical Code
- 2003 International Plumbing Code
- 2003 International Fuel Gas Code
- 2002 National Electric Code
- 2003 International Fire Code

If your building is undergoing remodeling through the building permit process, your \$50 inspection fee will be deducted from the permit fee.

You will be contacted directly by both inspectors to schedule your inspections. Inspections should be completed within two weeks.

Please Contact the Louisburg Building and Zoning Department at 913-837-5811 if you have any questions.

Business Contact Information

(Information for City Staff, Chamber of Commerce and Economic Development)

Name of business: _____
Please use name registered or intended to register with State of Kansas)

EIN: _____

Name of business owner: _____

Business address: _____

Are you the business owner: _____ Yes _____ No

If not, please provide the owner's name: _____

Business owner contact information

Name _____

Mailing address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Type of business/service: _____ Number of employees: _____

Are you a new business? _____ Yes _____ No Are you relocating? _____ Yes _____ No

If so, where are you currently located: _____

Any plans for expansion? _____ Yes _____ No

Are you a multi-tenant or multi-business owner? _____ Yes _____ No

Will you sub-lease any space in this building? _____ Yes _____ No

Do you currently reside in Louisburg? _____ Yes _____ No In Miami County? _____ Yes _____ No

Are you aware of the following? Louisburg Chamber of Commerce _____ Yes _____ No

Miami County Economic Development _____ Yes _____ No

Do you know of other businesses that may be interested in relocating to Louisburg? _____ Yes _____ No

Have you requested/received any necessary state inspections? _____ Yes _____ No

If yes, can you provide a copy of your state inspection to the City?