



# Building Permit Application

903 W. Main Street, Blue Springs, MO 64015

Ph: 816-228-0118 | Fax: 816-228-0225

**OFFICE USE ONLY**

PERMIT # \_\_\_\_\_

PLAN CASE # \_\_\_\_\_

## PROJECT LOCATION INFORMATION

Project Address \_\_\_\_\_ Legal Description or Parcel ID \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## CONTRACTOR INFORMATION - ATTACH ADDITIONAL CONTRACTORS IF NECESSARY

General Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

General Contractor Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Plumbing Contractor \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## TYPE OF PERMIT

TYPE	CATEGORY (CIRCLE)
<input type="checkbox"/> Electrical	Commercial / Residential
<input type="checkbox"/> HVAC	Commercial / Residential
<input type="checkbox"/> Plumbing	Commercial / Residential
<input type="checkbox"/> Sewer	Commercial / Residential
<input type="checkbox"/> New Structure	Commercial / Residential
<input type="checkbox"/> Addition/Alter.	Commercial / Residential
<input type="checkbox"/> Solar Panels	Commercial / Residential
<input type="checkbox"/> Demolition	Commercial / Residential
<input type="checkbox"/> Other	Commercial / Residential
<input type="checkbox"/> Deck	Commercial / Residential
<input type="checkbox"/> Attached Carport	Commercial / Residential
<input type="checkbox"/> Irrigation	Commercial / Residential
Backflow Make & Model _____	
<b>PREFABRICATED?</b>	
<input type="checkbox"/> Detached Carport	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Shed	<input type="checkbox"/> Yes <input type="checkbox"/> No

Fence

Linear Ft. of Fencing \_\_\_\_\_

Fence Height \_\_\_\_\_

Fence Material \_\_\_\_\_

Is this permit request due to a violation notice?  Yes  No

Is this a pool or spa enclosure?  Yes  No

Is there a retaining wall?  Yes  No

Retaining Wall Height \_\_\_\_\_

Standard Plan

Is this the first submittal of a Standard Plan?  Yes  No

Standard Plan Name \_\_\_\_\_

Builder Name \_\_\_\_\_

**Square Footage**

Living \_\_\_\_\_

Garage \_\_\_\_\_

Unfinished \_\_\_\_\_

Total \_\_\_\_\_

**Construction Costs**

Total Construction Cost \_\_\_\_\_

**Description of Work**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Meters**

SIZE                      QUANTITY

3/4"                      \_\_\_\_\_  
 1"                                      \_\_\_\_\_  
 1 1/2"                      \_\_\_\_\_  
 2"                                      \_\_\_\_\_  
 3"                                      \_\_\_\_\_  
 4"                                      \_\_\_\_\_  
 6"                                      \_\_\_\_\_

**Sewer System Development**

NUMBER OF UNITS/ TENANT SPACES

1 to 2  
 3 to 5  
 6 to 10  
 11 to 15  
 16 to 30

**Water Taps**

SIZE                      QUANTITY

3/4"                      \_\_\_\_\_  
 1"                                      \_\_\_\_\_

**PSI**

\_\_\_\_\_

I hereby certify that I am an authorized agent of the owner, and have the owner's consent to enter onto the property to complete the work. After close review of this application, I further certify that the information provided is true and correct to the best of my knowledge, the work shall comply with all provisions of laws and ordinances, whether specified or not. The grant of permit does not presume to give authority to violate or cancel the provisions of any federal, state or local law regulating construction or the performance of construction.

An issued permit becomes invalid if the work on the site authorized by the permit does not commence within 180 days of issuance, or if the work on the site is incomplete due to suspension or abandonment 180 days after the work commenced. ALL PERMITS REQUIRE FINAL INSPECTION.

Signature of Applicant

Printed Name

Date

Email

Date

Property Owner                       Applicant                       Contractor                       Agent

**OFFICE USE ONLY**

Codes Administrator Approval

Date

Plans Examiner Approval

Date

Planning Approval

Date

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sign off sheet required     Yes     No

Special inspection form required     Yes     No

MCRC District                       Yes     No

NID District                       Yes     No (if yes, please send to Finance)

Finance Approval

Date