BUILDING PERMIT APPLICATION

PRINT

RESET

100 Muncipal Cir; Raymore, MO 64083
816-331-7916
www.raymore.com

PERMIT # _____
For Use by Building Inspections Staff

Date: _____

TO BE COMPLETED BY APPLICANT

Check If: ☐ **Residential Basement Finish** ☐ **Remodel** ☐ **Addition** ☐ **Accessory Structure (Shed, Above grd. pool)**

☐ **Deck** ☐ **Solar Panels** ☐ **Repair (foundation, windows, etc.)**

OWNER NAME _____ OWNER'S PHONE: ( ) _____

OWNER'S E-MAIL ADDRESS _____

ADDRESS OF PROPOSED WORK _____

LOT # _____ ZONING _____ SUBDIVISION _____

IF APPLICABLE PREVIOUS USE _____

SCOPE OF WORK (Provide Details) _____

Are you the homeowner acting as the contractor? ☐ NO ☐ YES If YES, provide your responsiblities for this project _____

APPLICANT NAME (PRINT): _____ ( ) _____
PHONE

APPLICANT SIGNATURE _____
DATE SIGNED

ADDRESS CITY STATE ZIP

APPLICANT'S E-MAIL ADDRESS

CONTRACTOR NAME (PRINT): _____ **LICENSE #** _____

CONTRACTOR'S MAILING ADDRESS: _____

CONTRACTOR'S PHONE: ( ) _____ **CONTRACTOR'S FAX:** ( ) _____

CONTRACTOR'S E-MAIL ADDRESS: _____

SQ. FT. OF WORK AFFECTED _____

TOTAL DECK SQ.FT. _____

JOB VALUATION : _____

SQUARE FOOTAGES:

☐ _____ Total Building ☐ _____ Accessory Structure

☐ _____ Garage/Carport ☐ _____ Addition

WARNING TO HOMEOWNER: If you are acting as your own contractor, you are personally responsible for all work on this project; you are responsible to see that all work meets the Building Code and City Ordinances; supervise all work; schedule all required inspections; be present for all inspections. You are the General Contractor and a court of law will view you as such if you are sued, or if you should have the need to sue another party. Your subcontractors may lien your property. Any worker injured on your project may sue you if you or the company they work for does not carry Workers' Compensation Insurance.

It is understood that any permit issued on this application will not grant the right of privilege to erect any structure or to use any premises described for any purpose or in any manner prohibited by the Unified Development Code or by other ordinances, codes, or regulations of Raymore, MO.

By signature on this application, it is unequivocally stated that pursuant to Chapter 500 Raymore Municipal Code, the entity named herein possesses workers' compensation coverage, if required, for all its employees. If said entity is a prime contractor, then it is further stated that it possesses workers' compensation coverage for all employees of any subcontractor/specialty contractor that performs work relative to this permit, where said individual has not provided coverage for its own employees. A copy of the workers' compensation policy, is on file with the Raymore City Clerks Office.

I, the applicant named in the above (and foregoing) application do hereby answer under penalty of perjury, that the information contained and the statements herein made are, to the best of my knowledge and belief, true, correct, and complete.

All utility permits are separate permit applications.

Revised April, 2016