



NEW RESIDENTIAL BUILDING PERMIT APPLICATION

Building Inspection Division
100 Municipal Cir. / Raymore, MO 64083
Office: 816-331-7916 / Fax: 816-331-8067

APPLIED DATE: _____

INSTRUCTIONS
TYPE OR PRINT CLEARLY—NO PENCIL—USE BLACK OR BLUE INK
RED INK RESERVED FOR OFFICE USE ONLY

The applicant must fill out sections I, II, and III. Your permit will not be processed if you do not fill out the required information. Please read all conditions on this application before signing. The property owner and/or licensed contractor must sign and date the application. If not applicable please write N/A or leave blank. When filling out addresses, please include St., Ave., Rd., Dr., etc. and zip code.

SECTION I: PROPERTY INFORMATION (MUST BE COMPLETE)

LOCATION:
PROJECT ADDRESS: _____

BLDG#: _____

LEGAL DESCRIPTION: (NEW CONSTRUCTION ONLY)
SUBDIVISION: _____ LOT # _____ PLAT: _____

DESCRIPTION OF WORK: _____

TOTAL AREA(S) (SQ. FOOTAGE):
SQ. FT OF LOT: _____ FOOTPRINT OF STRUCTURE: _____

TOTAL SQ. FT. OF LIVING/CONDITION SPACE: _____

GARAGE: _____ UNFINISHED BSMT: _____

FINISHED BSMT: _____ AFFECTED SQ. FT OF WORK: _____

REQUIRED: CONTACT PERSON _____

EMAIL: _____

RESIDENTIAL BUILDING OR STRUCTURE USE (CHECK ONLY ONE)

- SINGLE FAMILY DUPLEX AG BUILDING/BARN CARPORT
- DETACHED GARAGE IN GRD. SWIMMING POOL OR ENCLOSURE
- TOWNHOUSE (Each Unit Must be Permitted Individually including duplex)

SECTION II: PEOPLE INFORMATION

PROPERTY OWNER

NAME	PHONE #	CELL #
STREET ADDRESS		
CITY	STATE	ZIP

CONTRACTOR — SAME AS OWNER

BUSINESS NAME	CITY LICENSE #
STREET ADDRESS	
CITY	STATE ZIP
PHONE # (person in charge of project)	CELL PHONE # (person in charge of project)

MISSOURI LICENSED DESIGN PROFESSIONALS

ARCHITECT/ ENGINEER	PHONE #
SURVEYOR	PHONE #
ADDRESS OF ARCHITECT/ ENGINEER: _____	

SECTION III: VALUATION OF WORK AND SUB CONTRACTORS

\$ _____

Plumbing Contractor: _____ CITY LICENSE # _____

Electrical Contractor: _____ CITY LICENSE # _____

Mechanical Contractor: _____ CITY LICENSE # _____

CONDITIONS

- The proposed work must be done in accordance with approved plans and specifications. Separate permits are required for, but not limited to, electrical, plumbing, mechanical, signs, sewer, water, paving, and right-of-way. Furthermore, it is the duty of the General Contractor to assure that all required inspections are scheduled 4 hours in advance and approved by the City Inspectors.
- Permit becomes null and void if work or construction authorized is not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work is commenced. Building permit valid for a maximum of one year.
- I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction and that I make this statement under penalty of perjury.

Print Name

X

Signature of contractor, owner, or authorized agent _____ Date _____

SECTION IV: PLAN REVIEW (FOR OFFICE USE)

ENGINEERING DIVISION

DESCRIPTION	COMMENTS	APP.	DATE
CITY SEWER			
SURFACE WATER RETENTION			
CURB/ GUTTER/ SIDEWALK			
DRIVEWAY/ PARKING DESIGN			
OTHER (COMM. SEWER, ETC.)			
FLOODPLAIN			

OFFICE OF PLANNING AND ZONING

SUBDIVISION			
LANDSCAPING/ PARKING DESIGN			
ZONED	LOT COVERAGE %		
SETBACKS	FRONT(S)	SIDE(S)	REAR(S)
# OF OFF-STREET PARKING SPACES	COVERED	UNCOVERED	
PLANNER SIGNATURE	DATE		

BUILDING INSPECTION DIVISION

CONSTRUCTION TYPE	OCCUPANCY GROUP	BUILDING CODE IN EFFECT:	BACKWATER VALVE <input type="checkbox"/> YES <input type="checkbox"/> NO
NUMBER OF STORIES	FIRE SPRINKLERS?	LIVING SPACE ABOVE GARAGE <input type="checkbox"/> YES <input type="checkbox"/> NO	SIDEWALKS <input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING OFFICIAL SIGNATURE:			
COMMENTS AND CALCULATIONS ON BACK			INS. CURRENT?

PERMIT # _____ ISSUE DATE _____

SECTION V: FEES

ICC VALUATION:	BUILDING:	PARKS FEE:
EXCISE TAX:	PLAN REVIEW:	FINAL INSP:
SEWER:	TOTAL FEE:	
WATER TAP:	METER SET-UP:	

Valuation for this permit will be calculated using the current adopted ICC Building Valuation Data Table using The Square Foot Construction Cost (SFCC) category. The SFCC does not include the price of the land on which the building is built. Your signature acknowledges this fact and waives any right to appeal said valuation and/or permit fees.